

TO FUNERAL DIRECTOR: After this cartificate has been signed by the attending entraction and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. The place remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death. **50 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Divisio	n of STATISTICAL RESEA	RCH AND RECORDS, 301	W. PRESTON STRE	ET, BALTIMORE, MARYL	AND 21201			
16498		CERTIFICATE	TE OF DEATH 16497					
1. PLACE OF DEATH					ion: Residence before admission)			
o. COUNTY Anna A	rundel	MARYLAND	o. STATE Marv.	b. COUN	House Develet			
b. CITY OR TOWN (If outside	corporate limits.	LENGTH OF STAY IN 15		tside corporate limits, write RUF	RAL and give nearest town)			
write RURAL and give ne	VIIIE	lmom.23 das.	Anna	apolis	27.7			
	STITUTION (If not in hospital, o		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?				
Crownsvill	e State Hosp	ital	Box 19	98 Rt. 3	YES NO A			
3. NAME OF DECEASED #3051	5 Lola	Middle Scott	Abernathy	4. DATE Mont	8 1966			
S. SEX 6. COLO	OR OR RACE 7, MARRIED	METER MUNICIPIES	B. DATE OF BIRTH 4/31/1891	9. AGE (In years lost birthdoy)	Months Doys Hours Min.			
100. USUAL OCCUPATION (Give kin	nd of work done 10b. KI	ND OF BUSINESS OR	11. BIRTHPLACE (County	& State, or foreign country)	12. CITIZEN OF WHAT			
during most of working life, even	if retired) IN	DUSTRY	North Ca	arolina	COUNTRY? USA			
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME	1 1			
William	Scott		Ter	npie /	uduth.			
15. WAS DECEASED EVER IN U.S.	ARMED FORCES? 16. 1	OCIAL SECURITY NO. 17. I	NFORMANT	Addre	PSS .			
(Yes, no, or unknown) (If yes gi	IN MAKE AT COMPACE OF CORNERS	nknown	Hospita	al Records				
PART I. DEATH WAS (	ove ) (b) G	(o), (b), ond (c), terioscleroti lar Disease eneralized Ar			as- INTERVAL BETWEEN ONSET AND DEATH YEARS			
PART II. OTHER SIGNIFICAN		O DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CON	19. WAS AUTOPSY PERFORMED?				
E Chronic 8r	ain Syndrome	due to Cereb	ral Arterio	sclarosia	YES NO X			
Chronic Br 200. ACCIDENT WAS UNDERL OR CONTRIBUTING  (IF EITHER, NOTIFY MEDICAL 20c. TIME OF INJURY MON Hour o.m.	OF DEATH	SCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in I	Port I or Port II of item 18.)				
p.m.	While at work	Not While focts	CE OF INJURY (Home, form ory, street, office bldg., etc.)		(County) (State)			
21. I certify that	(I) (this haspital) attended a large an 12/8/	ded the deceased fram 19 66 and that			/, 19 <b>66</b> , that (1) (we) last and an the date stated above			
220, SIGNATURE 1228, PRYSICIAN'S	Heard Ke	d Reissman.M.	ATTENDING PHYS. 22d. ADDRESS	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 12/8/66 Hospital. Md.			
230. BURIAL, CREMATION,	23b. DATE THEREOF	23c NAME OF SEMETERY OF		27d LOCATION (Gry or To				
BINGER	12-13HOK	yound	MILLE	Weller	JULY 11/18			
24. FUNERAL DIRECTOR	300 # Unr	Cooling	DAT DE		Charles Judge			

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the foneral director, page 3 should be detached for use as the burial-transit permit. Near please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after occur. TO NOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death curtificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
15490
CERTIFICATE OF DEATH
15492

10333	103	a de la composición della comp
1. PLACE DF DEATH	2. USUAL RESIDENCE (Where deceased lived, if Institution: Residen	ice before admission)
a. COUNTY	a. STATE D. COUNTY D. D.	Ca-
b. CITY OR TOWN (If outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
write RURAL and give nearest town)	4 / 0 /	1 50
6-16N BURNIC	Glen BURNIC	- IS OFFIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
TheIMA Ave.	Thelma Ave,	YES NO.
3. NAME OF DECEASED (Type or print) BLANCHE / ANGE	Last 4. DATE Month De OF DEATH DE C	Year 1966
	8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEA	
Sample white WIDOWED DIVORCED DI	7/7/1887   last birthday) Months Days	
10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR	11 BIRTHPLACE (County & State, or foreign country)   12, CITIZE	N OF WHAT
during most of working life, even if retired) INDUSTRY	MADY land	15,
Housewife	14. MOTHER'S MAIDEN NAME	101
Thanks I Kaller	MARY JEFFREY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address	
(Voc no as surlamen) (() Europeiro mor as defected commission)	NAID ANGOL 46 HOLNEHURST	Ave #28
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),]	1 IN	TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	01	NSET AND DEATH
IMMEDIATE CAUSE (a)	melecus	
DUE TO		
Conditions, If any, which (b)		
gave rise to immediate cause (a), stating the DUE TO		
underlying cause last. (c)		
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [1	9. WAS AUTOPSY
·		PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELI-	URRED. (Enter nature of injury in Part i or Part ii of item 18.)	
		(DA-An)
3 20c, TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) ory, street, office bidg., etc.)	(State)
20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. While Not While at work at work	,	
21. I certify that (I) (this hospital) attended the deceased from	11-15 16 to death 19	that (I) (we) last
saw the deceased alive on 12/12/19/66, and that	t death occurred at 732M, from the causes and on the d	ate stated ahove.
22a. SIGNATURE	22b. DATE	SIGNED7
2201 SIGNATURE	ATTENDING MED STAFF /	111
Mayne S. Vall M.	D. PHYS. DIRECTOR PHYS.	166
22c, PHYSICIAN'S NAME (Type)	128 Carrie AL Ave Glan &	wenie m
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETER		(State)
BURIA 12/1/66 DRUID RI	dec Cen BAITO, Co,	Md,
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	
EL. MAINARR 301 FREDERICK	AVE DEC 8 1966 Janes	Judge
CATONSVILLE	Mad DATE DEC 8 1966	- V

40 STATES OF THE STATES OF THE STATES STATE OF THE PARTY BLANGHE I RUBELL PERSONELL The state of the s bending on the work and I have Dicember mobilities year he will the said Chape Bate to 1/2/ WORME & TAKE 108 GENERAL AND PARE the state of the s The supplied late to which in

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1/12		TODUN		CERTIFICATE	OF DEATH	1	6/190
百万里		PLACE OF DEATH			2. USUAL RESIDENCE (V	Vhere deceased lived, if institut	ian: Residence befare admission)
a d o		a. COUNTY Anne Arundel		MARYLAND	o. STATE Maryla	b. (0U)	Anne Arundel
and completely filled in by the funeral remove carbon papers. Pages 1 and 3 n ony event, within 72 hours after death		CITY OR TOWN (If outside corporat	e limits	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside carparate limits, write RUI	
Pog Urs		write RURAL and give nearest taw	n)	111111	,	Glen Burnie	221
in b	-	. NAME OF HOSPITAL OR INSTITUTION	I (If not in haspital		d. STREET ADDRESS	TEN GOTHITE	I e. IS RESIDENCE
per Z				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	202 Gler	- Deed (Cla-	ON A FARM?
集品	2	N. Arundel H	first	Middle	losi	4 DATE Mont	
\$ 0 × 1	1	DECEASED				OF	
書意	5.	Type or print) E1SWOI			REPORTED TO STATE OF BIRTH	9. AGE (In years	I F UNDER 1 YEAR 1 F UNDER 24 HRS.
o ve			WIDOWED	DIVORCED DIV	April 8,193	aret hirthday)	Manths Days Hours Min.
br (mo		ale White		ND OF BUSINESS OR		8. State, or fareign country)	12. CITIZEN OF WHAT
din di	duri	USUAL OCCUPATION (Give kind of worling most of working life, even if retired)  5 at esman	cdane Tub. K	IDUSTRY			COUNTRY?
eos on			ENH	Novelty Co.	Baltimo		USA
hys of o	13.	FATHER'S NAME			14. MOTHER'S MAIDEN N		
The D		Geebge Arr			Julia		
r. er.		WAS DECEASED EVER IN U.S. ARMED FO s, ng, or unknown) ((If yes give wor or	dates of service)		INFORMANT	Addre	
permit.	,,,,	No None	21	3-03-5045 N	Irs. Doris M	4. Arnold (wi	fe) Same as #2
signed by the ottending physician and completely filled signed by the ottending physician and completely filled burial, cremotion, or removol, and in any event, within 72		IB. CAUSE OF DEATH (Enter only of		(a), (b), and (c).)	, · 1 1 -	PT	INTERVAL BETWEEN ONSET AND DEATH
signed by the burial-transit burial, cremotic		PART I. DEATH WAS CAUSED B	CAUSE (a)	hyrana	las Int	archion	SHISE AND BEAR
유보고		4201	DUE TO	1 -	7 1	*	
agi ji		Conditions, if any, which gave a rise to immediate cause (a),	(b) C	rinary 1	hrontore	-0	
. r e o		stating the underlying cause	DUE TO	0 0 1	7 3	11 1-	
or the		last.	(c) (c)	Munock	erosto &	Hyper Tens	un
this certificate has been eleached for use os the Dept. of Health prior to	3	PART II. OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
e e e	ATIC	Eny	Muse				YES NO
를 호 문	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING □ CAUSE OF DEAT	205. DI	SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in I	Part I ar Part II of item 18.)	;
erti.	90	(IF EITHER, NOTIFY MEDICAL EXAMINER					24/2
is contract	MEDICAL	20c. TIME OF INJURY Month, Day,			CE OF INJURY (Hame, farm		(County) (State)
# 8 P	MEI	Hour a.m.	19 While		tary, street, affice bldg., etc.)		
Ste		21. I certify that (I) (thi	s haspital) atten	ded the deceased fram	[-]	966, to 12/16	, 19 64, that (I) (we) last
the the		saw the deceased alive	an 12/16	19 <u>66</u> , and the	death accurred at	120AM, from causes	and an the date stated above.
<b>6</b> %€		220. SIGNATURE			ATTENDING	-MED. STAFF	22b. DATE SIGNED /
5 FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		1 heles	Done	olen M	D. PHYS.	DIRECTOR PHYS.	12/19/65
0 B 3		22c. PHYSICIAN'S			22d. ADDRESS		
FUNERAL irector, po hould be fi		NAME (Type) Phil	ip Berns	t <b>aán</b> M.D.	112 Cha	artley Rd. Re	
State	230	DEMOUNT (C * )	ATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City or To	wn) (County) (State)
5 g & b		REMOVAL (Specify) Butial De	21,1968	Cedar Hill (	Cemetery	Brooklyn R	
VR A15 (4)		. FUNERAL DIRECTOR		ADDRESS	2Sa. REC'D		GISTRAR'S SIGNATURE
20 M 1/66	1	Richard V. Sing	leton	Glen Burnie,	Mil. DATE	EC 2 3 1966	(Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or ottending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1000I	GERTIFICAT	E UF DEATH 1650	1)
1. PLACE OF DEATH a. COUNTY A	1 1 1	2. USUAL RESIDENCE (Where deceased lived, If institution:	Residence before admission)
Anna	Hrundel MARYLAND	o. STATE Maryland b. COUNTY A	. A.
b. CITY OR TOWN (if outside	corporate limits.   C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURA	L and give nearest town)
write RURAL and give nea	ille I d months	Glen Burnie	02/
d. NAME OF HOSPITAL OR INS	STITUTION (if not in hospital, give street address)	d. STREET ADDRESS	IS RESIDENCE     ON A FARM?
Knollwood Manor	Nursing Home	Dakwood Koad (609)	YES NO
3. NAME DF DECEASED	First Middle	Last 4. DATE Month	Day Year
(Type or print)	OSE NMI AV	Versa December	1966
5. SEX 6. COLOR O	R RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IFUNDER   last birthday)   Months	R 1 YEAR IF UNDER 24 HRS. Days Hours   Min.
FIV	WIDOWED DIVORCED	Jep 20, 1877 67 yrs.	
10a. USUAL OCCUPATION (Give kind during most of working life, even	of work done   10b. KIND OF BUSINESS OR   INDUSTRY		COUNTRY?
Housewife	Home	(Falermo, Sicily (Italy)	0,5,
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Joseph Al	rersa	Unk	
15. WAS DECEASED EVER IN U.S. A (Yes, no, or unknwn)   (If yes give war	an deter of comitons	Seph F. Aversa Address	11. 741
NO	6	75 Town Brook Dr. Ba	Itimore 1, Md,
	only one cause per line for (a), (b), and (c).1		ONSET AND DEATH A
PART I. DEATH WAS CAL	CAUSE (a) Depticemia		5 days 1
305 1	DUE TO T		2
Conditions, If any, which gave rise to Immediate	(b) Inanition		2 years
cause (a), stating the	DUE TO A L. L.	7):	
underlying cause last.	(c) Alzneimers	Disease	3 years
PART II. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
1YONE	Mana Carlo		YES NO
PART II. OTHER SIGNIFICANT OF COME  203. ACCIDENT WAS UNDERLOOD CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL	YING   20b. DESCRIBE HOW INJURY OCCI OF DEATH EXAMINER)	URRED, (Enter nature of Injury in Part I or Part II of Item 18	5.)
\$ 20c. TIME OF INJURY Mont			unty) (State)
20c. TIME OF INJURY Mont Hour e.m., p.m.	19 While Not While at work at work	ory, street, office bidg., etc.)	
21. I certify that (I) (th	nis hospital) attended the deceased from		that (I) (we) last
saw the deceased alive	on 8 Dec 1966, and tha	at death occurred at 201 PM, from the causes and on	
22a. SIGNATURE	leletin M.	ATTENDING MED. STAFF 117	DATE SIGNED
22c. PHYSICIAN'S	m.	22d. ADDRESS SOUTH RIVER MEDIC	
NAME (Type) CHARLES	W. KINZER, M.D	EDGEWATER, MARY	
23a. BURIAL, CREMATION, 23b. REMOVAL (Specify)			
Burial 1/2	Dec. 66 New Cathedr	al Cemetery Baltimore . Mi	
24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	'S SIGNATURE
Kirkley Funeral	Home, Glen Burnie, Md.	DATE DEC 13 1966 Och	me Judge

VR AJ5 (4) 20M 1/65

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16502

CERTIFICATE OF DEATH

16501

							1001	11		
PLACE OF DEATH				2. USUAL RESIDENCE (		ased lived, if institut	ian: Residence	befare admissi	an)	
a. COUNTY AN	NE ARUNDEL		MARYLAND	o. STATE MARYI	AND	U. COOP	ANN	E ARUN	EL V	
b. CITY OR TOWN	(If outside corporate limits,		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)						
Ft Geo G	and give neorest town). Meade, Mary	rland	10 hours	Bowie, Mar	yland			16-2		
d. NAME OF HOS	PITAL OR INSTITUTION (If not	in hospital, g	jive street address)	d. STREET ADDRESS				e. IS RESI ON A F	DENCE ARM?	
Kimbroug	h Army Hospit	al		2604 Spang	ler M	lain			NO X	
NAME OF DECEASED	First		Middle	Lost	4. DATE			Doy Ye		
(Type or print)	Theodore		1 0 011 DOLL	II	DEAT				66	
SEX		7. MARRIED	45 Mercin Manual Language	B. DATE OF BIRTH		9. AGE (In years last birthdoy)	Manths 1	YEAR IF UNDE Days Haurs	R 24 HRS Min.	
Male	Cau	WIDOWED	DIVORCED 2	V		66 yrs.				
	ON (Give kind af wark dane ng life, even if retired)		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County				EN OF WHAT		
one		No		Washington		te	US	A A		
. FATHER'S NAME			T	14. MOTHER'S MAIDEN						
	Anderson Bal			Agnes Jud	ge_					
es_na, ar unknaw	EVER IN U.S. ARMED FORCES?  a) (If yes give war or dates of s			INFORMANT		Addre			363	
	(If yes give war or dates of s 1925-1945			ne Baldwin(	W) 28	U4 Spangl	er Mai			
	DEATH (Enter only one couse EATH WAS CAUSED BY:							ONSET AND		
	IMMEDIATE CAUSE TO	Myo	cardial Infarc	tion						
420	DUE TO	1	onary thrombos:	is Rt aima	umfl-	*		10 hou	ire	
	ny, which gave ) (b		onary onromoos.	ra, no erre	CHILL TO	after .		10 1100	110	
stating the underlying cause										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)								I sa mara sa	oneu	
PART II. OTHER	SIGNIFICANT CONDITIONS CON	TRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GI	VEN IN PART I(a)		19. WAS AUT PERFORM	MED?	
								YES 🔽	NO [	
OR CONTRIBUTI	WAS UNDERLYING □ NG □ CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I or F	Part II af item 18.)				
20c. TIME OF I	NJURY Month, Day, Year	20d, IN While		CE OF INJURY (Hame, far lary, street, affice bldg., etc		(City or town)	(Coun	ty)	(Stote)	
	p.m. 19	ot wark	k L ot wark L							
21. I ce	rtify that this hospi	tal) otten	ded the deceased from 2	:30AM 23Dec	19_66	18:25 23	Dec 19 6	6, thotack	we) lo	
		Dec	19 <u>66</u> , and tha	t death occurred a	12:25A	M, from couses			d obo	
220. SIGNATU				ATTENDING	MED.	STAFF		E SIGNED	,,	
M.D. PHYS. LJ DIRECTOR LJ PHYS. LJ 23 December 66										
22c. PHYSICIA NAME (T)		THE C	DT MC	22d. ADDRESS	A THINK	Hospital	Ft. C	eo G. Me	ehe	
l	OMICE D. ILOO								107	
3a. BURIAL, CREMA REMOVAL (Spe-	rifu)	EOF	23c. NAME OF CEMETERY OR		23d.	LOCATION (City or To	wn) ((	County) (	Stote)	
burlal	112/27/	66	Arlington N	ational	AY	STRAK PETER	T7	NATUO		
24. FUNERAL DIRECT	Gawler's So	าทฮ	Washington,	DC	D BY REGIS	0 .				
OBCDIT	damter. 2 0	JIIS,	wasning.rou,	D. O. DATE	JAN	3 1967	VClip	rela O.	1	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital or attending physician.

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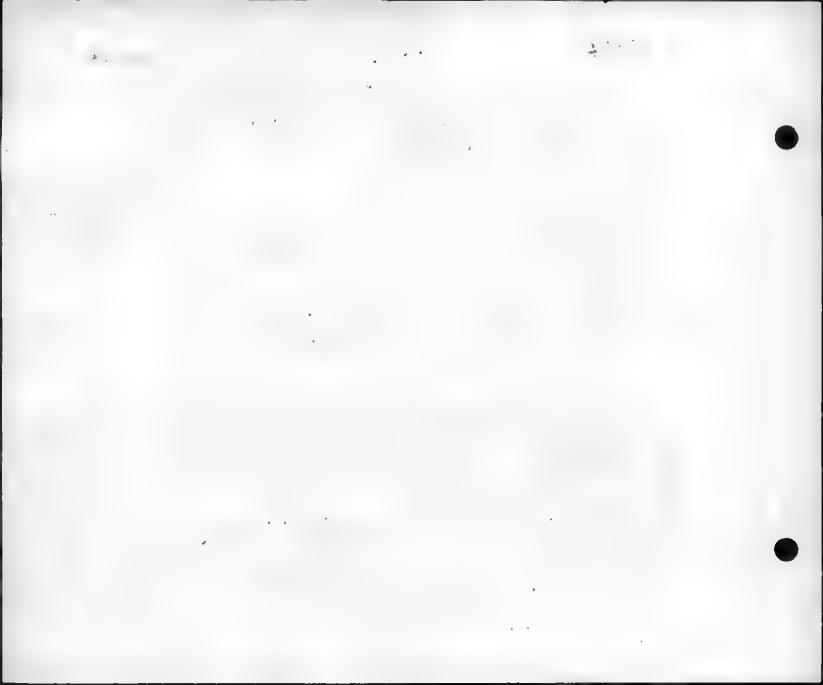
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		16583		CERTIFICAT	E OF DEATH	11	6502
3	Ī	PLACE OF DEATH  a. COUNTY ANNE ARUND	ET.	MARYLÂND	2 USUAL RESIDENCE (	Where deceased lived, if anstitution b. COUNT	Residence before odmission)  Y ANNE ARUNDET
11		b CITY OR TOWN (If outside carporal wate RURA) and aux e peaces town	e mits,	c LENGTH OF STAY IN 15	c CITY OR TOWN (If ou	itside corporate limits, write RURA	
4-	-	d. NAME OF HOSPITAL OR INSTITUTION KIMBROUGH ARMY	V (If not in haspital, g		d STREET ADDRESS	ranzio Loop	e IS RESIDENCE ON A FARM? YES NO & X
opi <sup>c</sup>	3	NAME OF DECEASED (Type or print)	First LESLIE	Middle	Lost	4 DATE Month	Day Year
	S	SEX 6 COLOR OR RA	ICE 7 MARRIED	NEVER MARRIED 🔀	8 DATE OF BIRTH 27 December	9 AGE (In years	FUNDER 1 YEAR   IF UNDER 24 HRS   Months   Doys   Hours   Min   13   11
	dui	Female   Negro o USUAL OCCUPATION (Give kind of wor ring most of working life, even if retired None	k done 10b. KI	DIVORCED OF BUSINESS OR DUSTRY	1) BIRTHPLACE (County  Anne_Arur	& State, or foreign country) adel, Maryland	12 CITIZEN OF WHAT COUNTRY?
		Robert Samuel Bl	ue		14 MOTHER'S MAIDEN  Carrie A	name nn Foster	
	15 (Y	WAS DECEASED EVER IN U.S. ARMED FOR STANDARD OF WAS DECEASED EVER IN U.S. ARMED FOR STANDARD FOR			1 1 7 2 2 1	father) Address same as item #	
		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED 8	Y Com				INTERVAL BETWEEN ONSET AND DEATH
		Canditions, if ony, which gove use to immediate couse (a), stating the underlying cause last	DUE TO  (b) Pre  DUE TO  (c)	maturity			
7	ATION	PART II. OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING 1	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES K NO
	L CERTIFICATION	200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINE	H	SCRIBE HOW INJURY OCCURRED	(Enter noture of injury in	Port I or Port II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Manth, Doy, Hour a.m. p.m.	19 While of work	Not While of work	ACE OF INJURY (Home, for ctory, street, office bldg, etc. 27 Dec		(Caunty) (State)
		21. I certify that (the saw the deceased alive	on20 Dec	ded the deceased from 2 19 5 ond th	10:34 p=m=, at death occurred at	195 <u>6 , to 2ව Dec</u> 11:4 <b>5</b> M, from causes a	, 19Othat 21) (we) last nd on the date stoted obove.
		/// /	Komma	Spt MC	A.D PHYS.	MED. STAFF DIRECTOR PHYS.	22b. Date Signed 28 Dec 66
1		22c PHYSICIAN'S FRED M.	NOMURA, CP				GEO G MEADE, MD
0	23		ATE THEREOF . 4, 1967		TIONAL CE.	23d LOCATION (City or Town	BALTIMORE, MD.
S. C.	2	A FUNERAL DIRECTOR A- AL	al La	and ma		D BY REGISTRAR 2Sb. REG JAN 3 1367	ISTRAR'S SIGNATURE

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificatede executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66



TO UNIRAL INFECTOR: After this certificate his been signed by the attending plys can and completely filled in by the funeral director, page 3 should be detached for use as the bur al-transit pirmit. Their please remaye carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

Division of STATISTICAL R

MARYLAN	ID STATE	DEPAR	IMENT OF	HEAL	TH		
ESEARCH AND	RECORDS,	301 W.	PRESTON S	TREET,	BALTIMORE,	MARYLAND	2120

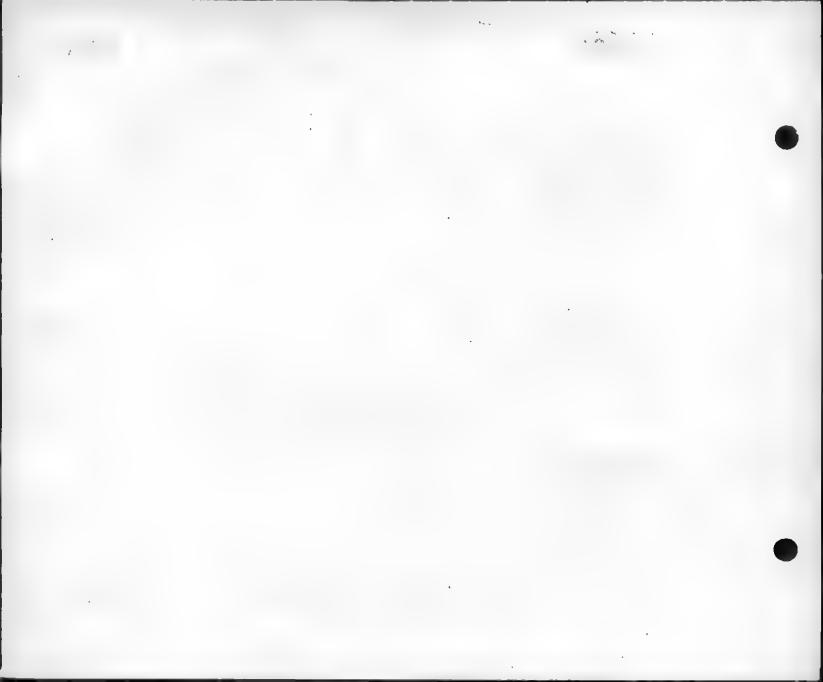
16504 TUPES # 7 CERTIF						OF DEATH	,		16	50	3			
1.	PLACE OF DEATH					2. USUAL RESIDENCE (V				befare	odmissia	n)		
	o. COUNTY APP	e Arundel		MARYLAN	D	° STATMaryla	and	P CON	41A			1		
	b CITY OR TOWN (If aut	s de carporate limits,		C LENGTH OF STAY IN IL	-	c CITY OR TOWN (IF ou		arate limits, write RUI	RAL and give	nearest	tawn)			
	write RURAL and pive	wnsville		1 mon. 25c	las	Baltin	nore				1			
_		INSTITUTION (If not in ho	spital, giv	e street oddress)		d. STREET ADDRESS				e. IS RESIDENCE				
	Crownsvill	e State Ho	soit	al		1209 8		ON A FARM?  YES NO X						
-	NAME OF	First		Middle		Last	th .	Doy Year						
-	DECCACED	632 Joh	п			Boyd	OF					4 19 66		
	( )		RRIED [	NEVER MARRIED		B DATE OF BIRTH TROP		9 AGE (In years post birthday)	IF UNDER 1	YEAR T	IF UNDER			
М	Male Negro WIDOWED 58P SIVERCED 1					6/11/1908		Doys	Hours	Min				
1Da duri	Da LSUAL OCCUPATION (Give kind of work dane luring most of working life, even if retired)  1Db KIND OF BUSINESS OR INDUSTRY					11 BIRTHPLACE (County - Maryland		r fareign country)	12 COU	ZEN OF NTRY?	WHAT USA			
	FATHER'S NAME					14 MOTHER'S MAIDEN N	AME							
	Unknown				Unknowr	1					- 1			
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 TO INFORMANT Address													
(16	Unk.	s give war ar dates at service	" Un	known		Hospital Re	cor	ds						
	18 CAUSE OF DEATH	(Enter only one cause per	tine for (c	a), (b) and (c).)							RVAL BET			
	PART I. DEATH W.	ÁS CAUSED BY  1MMEDIATE CAUSE (a)		Hea#t Fai	lu	re				ÜNZI	ET AND D	ATH		
	4200	DUE TO	0	4										
	Conditions, if any, while		Ar	teriosciei	TO	ic Heart Di	1888	38						
	rise to immediate cou stating the underlying													
	last.	(c)												
2:	PART II. OTHER SIGNIFI	CANT CONDITIONS CONTRIB	UTING TO	DEATH BUT NOT RELATED	D TO 1	THE TERMINAL DISEASE CON	DITION G	GIVEN IN PART 1(0)			WAS AUTO			
ATIO	Chronic	Brain Synd	rome	sec. Arte	eri	osclerosis						NO K		
TIFIC	2Da ACCIDENT WAS UND OR CONTRIBLTING (1) CA		20b. DESC	RIBE HOW INJURY OCCUI	RRED.	(Enter nature of injury in l	Part I or I	Port II at item 18.)						
5	(IF EITHER, NOTIFY MEDI								4					
MEDICAL CERTIFICATION	20c TIME OF INJURY	Manth, Day, Year	While	Not While		CE OF INJURY (Hame, farm ary, street, affice blag., etc.)		f. (City or town)	(Cour	ity)	(	itate)		
	p.m.	nat (I) (this haspital)	at work		ım	10/21/	966	, ta 12/4/	, 19 <u>6</u>	6 the	+ (I) (s	va) last		
	saw the decea		2/4/	19 66, and	l tha	t death occurred of	3:30	M, from couses	ond on th	e date	stoted	obove.		
	126 SIGNATURE	1) //1		1,					22b. DA	TE SIGNE	D			
-	ATTENDING XI MED. DIRECTOR DIR													
	22c PHYSICIAN'S					22d. ADDRESS			1.1					
	NAME (Type)	<u> Hildagard H</u>	eard	Reissman,	<u> </u>	.O. Crou	<u>งทรง</u>	ille Stat	e Hos	pit	al,	Md.		
230	BURIAL, CREMATION,	23b, DATE THEREOF		23c. NAME OF CEMETER	Y OR	CREMATORY		LOCATION (City or To		County)	(51	ote)		
	REMOVAL (FORGIV)	12-12-66		Aburtus	M			altimore,						
24	FUNERAL DIRECTOR			ADDRESS		2So. REC'D			CHSTRARS SI	GNATURI	Judy	- 1		
	Charles R.	TAW . 802 M	adf a	on Ave.		DATE OF	LUL	4 1936	1	6	7 0			

VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1650s	CERTIFICATE OF DEATH	16504
funeral l and er deot	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deco	b COUNTY
by the Poges ours aff	b CITY OR TOWN (If outside corporate in write RURAL and give nearest fown)	10 rear Aknold	mate limits, write RURAL and give nearest town)
illed in papers. hin 72 h	d. NAME OF HOSPITAL OR INSLITUTION (I	Rd granden	e IS RESIDENCE ON A FARMS. YES NO NO
ompletely f ve carbon event, witl	3 NAME OF OECEASED (Type or print)  S SEX  6 COLOR OF RACE	First MAE BROCKS DEAT	H 12-23 1066
ond complete remove carb in ony event, )	FEMALE W	7. MARRIED NEVER MARRIED B DATE OF BIRTH WIDOWED DIVORCED 3-2-2-70	last birthday) Manths Days Haurs Min.
	10o. USUAL OCCUPATION (Give kind af work di during most of warrang ite, even if retired)	de INDUSTRY home ma	foredesel Country? 65 A
Then on the control of the control o	13. FATHER'S NAME AM	14 MOTHER'S MAIDEN NAME  12 A CONTROL SECURITY NO. 12 INFORMANT	+ Cook B
or if.	15 WAS DICEASED EVER IN U.S. ARMED FORC (Yes, no, of unifrown) (Iff yes give wor or do	es of service) Starles Starles	6 Brice Rd Poles
by the atte ransit perr cremotion,	IB. CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY:	ISE (0) Julivarary Idena	INTERVAL BETWEEN ONSET AND DEATH
signed burial-t burial, c	Conditions, if any, which gave nise to immediate cause (a),	(b) Congestive hart failur	Iday
hos been se os the th prior to	last.	(c) CONTRIBUTING TO DEATH BUT NOT BEHATED TO THE TERMINAL DISEASE CONDITION G	IVEN IN PART I(a) 119 WAS AUTOPSY
ficote hos for use ( Heolth p	200 ACCIDENT WAS UNDERLYING ID  OR CONTRIBUTING ID CAUSE OF DEATH  OF CHARLES MODIFY MEDICAL EVANIMACEN		AEZ WO
this certific detoched for te Dept. of H			<u>'</u>
After this be deto State De	Haur a.m.	19 While Nat While factory, street, affice bldg., etc.)  19 of work of work factory, street, affice bldg., etc.)  19 asspital) attended the deceased from Santon, 1966.	
crok: A should ith the 3	saw the deceased alive an	The 22 1966, and that death accurred at FUR	M, fram causes and an the date stated above
<u>യ്</u> ല }	22c PHYSICIAN'S	M.D. ATTENDING MED.  MED. DIRECTOR  SMITH  22d ADDRESS  22d ADDRESS  ATTENDING MED.  DIRECTOR	STAFF Deez 7/964
O FUNERAL DIRE director, page 3 should be filed w	NAME (Type) 74 4 230 BURRAL, CREMATION 23b. DATE		TOGATION (City or Jown) (Squity) (Squite)
2 = = = = = = = = = = = = = = = = = = =	24 FUNERAL DIRECTOR	6/66 Ceshing Weeth. CO. C. CADDRESS D. 250 REC'D BY REGI	
0 M 1/86	Touch Kar	ARRANCO The MEG 27	1966 July

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The fow requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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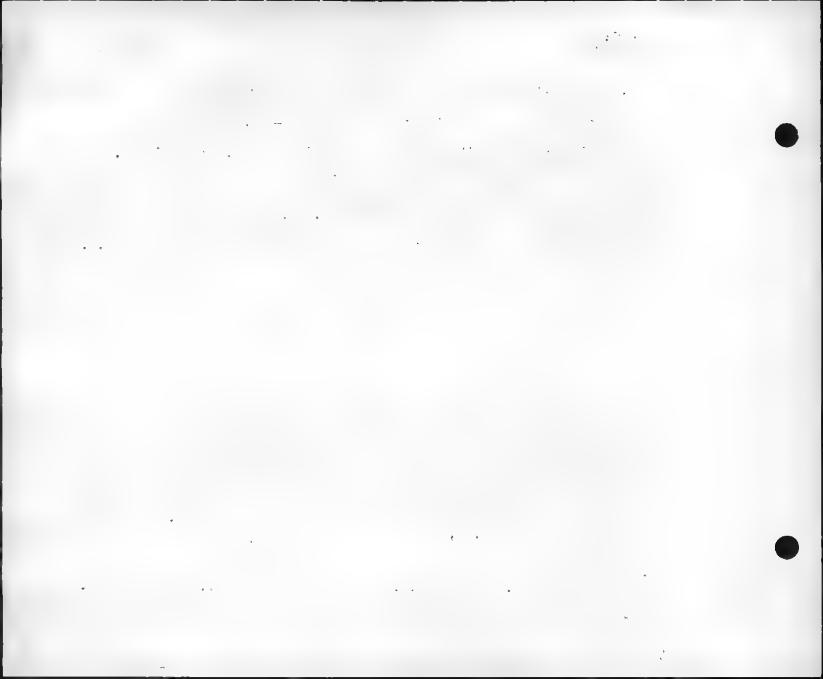
CERTIFICATE OF DEATH

16505

					1000	U			
1	PLACE OF DEATH	· · · · · · · · · · · · · · · · · · ·		2. USUAL RESIDENCE (V	Where deceased lived, if institution Resid	ence before admission)			
		Anne Arundel	MARYLAND		4 5	ne Arundel			
	b CITY OR TOWN (	If autside corparate limits, digive nearest tawn)	c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest tawn)					
	Annap	Olis	20 days	RURAL Annapolis					
	d NAME OF HOSPIT	AL DR INSTITUTION (If not in he		d STREET ADDRESS e. IS RESIDENCE DN A FARM?					
Ar	ine Akund	el General Hos	spital	11 Brice Re	oad, Pendennis Mt.	YES ND X			
3	NAME OF	First	Middle	lost	4. DATE Month	Day Year			
	DECEASED (Type or print)	Elizabeth	n Rose	BURNS	DEATH December	5 19 66			
Š	SEX	6. CDLDR OR RACE 7 M.		B DATE DE BIRTH	last hurthday) Manths	R 1 YEAR   IF UNDER 24 HRS.			
1	<b>Semale</b>	White W		Feb. 21, 18	97 69 yrs	· l			
Do	usuAL OCCUPATION	(Give kind of work done	IDB. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	CITIZEN OF WHAT			
	7003	ewite	(100 44 10 1	WALTRAM		COUNTRY?			
13	FATHER'S NAME	MICO	,	14. MOTHER'S MAIDEN I	NAME				
l	NILLIAN	4 14 = 600	VAN	IVIARY )	WI-GRATH				
15		R IN U.S. ARMED FORCES? (If yes give war or dates of servi	(8)	NFDRMANT	Address				
4.	No	F. 14 - 21 se 1501 OL 40142 01 20151	" 325-28-5740 MR	5. K.A. L	INCH #2				
	1B. CAUSE OF D	EATH (Enter anly ane cause per	line for (o), (b), and (c).)	1.11		INTERVAL BETWEEN DNSET AND DEATH			
	PAKI I. DEA	TH WAS CAUSED BY:  IMMEDIATE CAUSE (o)	Carcinoma of A	end of par	ucreat	untinguor			
	1511	DUE TO	7						
	Conditions, if any	e couse (a)		*					
	stating the unde								
	last.	(4)							
NO	PART II OTHER SI	GNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CDI	NDITIDN GIVEN IN PART I(a)	19 WAS AUTOPSY PERFORMED?			
CERTIFICATION						YES 🔀 NO 🔲			
N N	2Do ACCIDENT WA	S UNDERLYING  CAUSE OF DEATH	205. DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in	Part I or Part II of Item 18.)				
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)							
MEDICAL	20c. TIME OF INJI Hour a.i	URY Month, Day, Year		CE DF INJURY (Hame, farm ory, street, office bldg., etc.)		County) (State)			
IWI	p.,	m. 19	at work 🔲 at wark 🔲						
				upt. 23 ,1	1966, to Dec. 5, , 19	9 <u>66</u> that (I) (NEXI) los			
		eceased alive onDe	c. 5, 19 66, and tha						
	220 SIGNATURE	11 11/11	"	ATTENDING	MED. STAFF	DATE SIGNED			
	CO DIVERSION	cardy. Hal	funan M.	D. PHYS. K.A.  22d. ADDRESS	DIRECTOR L PHYS. L	2/6/66			
	22c. PHYSICIAN'S NAME (Type	Richard I. H	ochman, M.D.		in St., Annapolis,	Md.			
00									
231	O. DEMONAL (SPEELS)	DN, 23b DATE THEREOF $12 - 8 - 19$	231_ NAME OF CEMETERY OF	HEMETER	23d LDCATION (City or Town)	(County) (State)			
2.	4 FUNERAL DIRECTO	1-4-1	ADDRESS	BY THE SEA	D BY REGISTRAR 25b. REGISTRAR"				
A	O U # /	14/1/200	are Duraperis			iarles Judge			
11	N / FT /N / ///	I I II WI DOWN	ANT INGUISCHAPPINI Y	" I II I LIAI	THE TOTAL PROPERTY OF THE PARTY	- Coll Kind And			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 14 hours after III ath. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending paysican and completely filled in by the luperal director, page 3 should be detached for use as the burial-transit permit they please remove carbon papers. Pages A and should be filed with the State Dept of Health prior to burial, cremation, or a more only in any event, within 72 hours after dear Poge 4 may be retoined by the hospitol or ottending physicion.

VR A15 (4) 20 M 1/66



DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY b. COUNTY MARYLAND HUNG and b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 (Woulside corporata Jimits, write RURAL and give nearest town) write RURAL and give naarast town)  $\mathcal{C}$ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRE completely paper in 72 h 3. NAME OF Middla DATE DECEASED OF 6 (Type or print) DEATH and cor carbon party within S. SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (in years IF UNDER 1 YEAR ( pirthday) WIDOWED remove ZEIT ā 13. FATHER'S NAME death 0 mit. Ten 15. WAS DEGEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, not or unkown) (If yes give war or dates of service permit. been signed by 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ò PART I. DEATH WAS CAUSED BY: cremation, IMMEDIATE CAUSE (a) burial-transit 4000. DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying the (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY Se 9 CERTIFICATION use prior for 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) After this Health OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, ) Month, Day, Year 20d. INJURY OCCURRED I 20f. (City or lown) ö factory, street, office bldg., etc.) While Not While Hour e.m. DIRECTOR: at work at work 21. I certify that (I) (this hospital) attended the deceased from..... should .....19.10, and that death occurred at saw the deceased alive on 22a. SIGNATURE death. Page 4
O FUNERAL PHYS. DIRECTOR HOSPITAL M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23n. BURIAL, CREMATION, | 23b. DATE THEREOF CREMATOR)

M, from the causes and on the date stated above. 22b. DATE SIGNED TO FUNERAL director, page LOCATION (City, lown or count (State) EMOVAL (Specify) 25a. REGISTRAR 25b. **REGISTRAR'S SIGNATURE** 

IS RESIDENCE ON A FARM?

66 19

YES NO P

IF UNDER 24 HRS.

Hours

ONSET AND DEATH

reur

PERFORMED?

NO F

(State)

12. CITIZEN OF WHAT COUNTRY

Months

(County)

VR A15 (4) 20M 5-63



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Pages 1 and 2 purs after death.

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3.

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MEDICAL CERTIFICATION

	nivisio	N OF STATISTI		YLAND STATE DE			RALTIMORE	1 MARY	ΙΔΝΠ		
	16509		ort Nege	CERTIFICAT	E OF DEATH		1	6507			
1.		Arundel N (if outside corpora	to timite	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE 13 b. COUNTY A. A.  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
_	Stony Be	and give nearest to	vn)		Stony	Beach		1 40	e. IS RES		
		hill Road	NN (it not in n	ospital, give street address	11	Fernhill	L Road		ON A F		
3.	NAME OF DECEASEO (Type or print)	F	irst	Middle S.	Last	4. CATE OF OEATH	Month Decembe	r 6.		66	
5.	sex Female	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH July 26, 190	la la	GE (In years   IF				
10a dur	USUAL OCCUPATING most of working COOK	ION (Give kind of working life, even if retire		IND OF BUSINESS OR NDUSTRY Diner	11, BIRTHPLACE (Co	ounty & State, or	yis, <u> </u>	12. CITIZEN CDUNTR	OF WHAT		
	FATHER'S NAM Harry	Sayle			14. MOTHER'S MAID	Theres		nners			
15 (Yı	. WAS DECEASED! es, no, or unkown) No	VER IN U.S. ARMED F (If yes give war or dates None	ORCES? 16.	SOCIAL SECURITYNO. 17.	. William M.	Shanaha	Address an 2022	Fernhi			
		ATH WAS CAUSED BY	(: (a)	line for (a), (b), and (c). ]	ronang i	eclusi	~	DN	ERVAL BE SET AND I	PEATH	
	Conditions, If		(b)	arteriosc	lente co	Ledisi	as cular	4	-chf	>,	
7	cause (a), si underlying caus	e last.	(c)	Aneura		drila	v-	<u>ur</u>	diter	MINES	
CERTIFICATION	PART II. OTHER S	GIGNIFICANT CONDITI	ONS CONTRIB	UTING TO DEATH BUT NOT RE	ATED TO THE TERMINAL D	DISEASECONDIT	ION GIVEN IN PAI		WAS AU PERFOR ES	MED?	
	2Da. ACCIDENT DR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING THE CAUSE OF DEATH OF THE CAUSE OF DEATH OF THE CAUSE O	(TH   20b.	DESCRIBE HOW INJURY OCC	URRED. (Enter nature of	Injury In Part	l or Part II of II				
MEDICAL	Hour a.r p.r	n. 19	While at wor	Not While fac	ACE OF INJURY (Home, fa tory, street, office bldg., e	tc.)	y or town)	(County)	(5	State)	
		ceased alive on	pital) attend	161171				d on the da		ve) last Labove.	
	22c. PHYSICIA NAME (T)		NA	2MANAS	22d. ADDRESS	vicken.		alte 2	3/1/20	1 _	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law remuires that the death certificate be executed within 24 finants after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit are please remove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or candon, and in any event, within 72 hours after

(4) A15

Burial CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial 12/9/1966 FUNERAL DIRECTOR

Loudon Park Cemetery

23c. NAME OF CEMETERY OR CREMATORY

ery Baltimore Md.
25a. RÉC'D BY RÉGISTRAR L. 25b. REGISTRAR'S SIG

23d.

(State)

LOCATION (City, town or county)



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

24 FUNERAL DIRECTOR

	1	16510 CERTIF	ICATE OF DEATH	16508
funeral s 1 and ter death	1		YLAND O STATE MARYLAN	ived, if institution Residence before admission)  b COUNTY ANNE ARUNDE
ending physician and campletely filled in by the furnit. Then please remave carbon papers. Pages 1 ar removal, and in any event, which 72 hours after		b CITY OR TOWN (It outside corporate mits, write, RURAL and give nearest town)  AND APOLIS  d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	7 109 COND	e. IS RES DENCE
T See	^	ANNE ARUNDEL GENERAL H	OSP. ANNAPOLIS	S ON A FARM? YES NO
campletely filled lave carban paper y event, within 7	3	3 NAME OF DECEASED (Type or print) MARGARET JOHNS SKINN		Manth Day Year 12 19 66
camp lave c		S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED DIVORCED		GE (In years IF UNDER 1 YEAR IF UNDER 24 HRS st birthday) Months Doys Hours Min.
physician and en please rem ovol, and in an	Ti-	10a USUA, DCCLPATION (Give kind of work dane 10b KIND OF BUSINESS OR during affect of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign	country) 12 CITIZEN OF WHAT COUNTRY?
hysicio n plea /al, an	Ī	13 FATHER S NAME	14 MOTHER'S MAIDEN NAME	1-00
e attending phys permit. Then p tion, ar removal,		15 WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown). If If yes give war ar dates of service)	17 INFORMANT	Address RT 1 BOX 217
aften permij ion, ar	,	1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) )	STUART CARR, BRA.	NDYWINE MD.
signed by the attendi burial-transit permit. burial, cremation, ar r		PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (0)  Cony or C	in heard failure	PONSET AND GEATH
signed I burnal-tr burial, c		Conditions, if ony, which gove hise to immediate cause (a),	my bent leseuro	yeu. 7.
		stating the underlying cause last. (c)		
rate has been far use as the Health priar to	NTION.	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	N PART P(o) 19 WAS AUTOPSY PERFORMED? YES NO AT
certificate has thed for use a strong	CERTIFICATION	206 ACCIDENT WAS UNDERLYING  205 DESCRIBE HOW INJURY O OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMENCE)	CCURRED (Enter nature of injury in Part 1 or Part II o	af item 1B)
e detact tate Dep	MEDICAL	20c TIME OF INJURY Month, Day, Year Hour a m. 19 While Not While of work a twark of work	20e PLACE OF INJURY (Home, form, foctory, street, office bidg , etc.)	ity ar town) (County) (State)
t: Afte		21. I certify that (1) (this haspital) attended the deceased saw the deceased alive an 12-12-1966.	from 2/1/ , 1962, to and that death accurred at 3-30 PM, fr	ram causes and an the date stated above
FUNERAL DIRECTOR: Aftirector, page 3 should be hauld be filed with the Si		220. SIGNATURE General Chunz	M.D. ATTENDING MED. DIRECTOR	STAFF 22b DATE SIGNED, PHYS 22b 12/19/1-6
RAL DI		22c PHYSICIAN'S NAME (Type) CONTAIN CHOILE	22d ADDRESS 121 CATTON	
> FUNERAL DIRECTOR: After this certificator, page 3 should be detached should be filed with the State Dept. of	2	230 BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEM PRIMOVAL (Specify)  12-22-66  774		10N (City or Town) P. (County) (State) ROOM P. G., MD.
200	·	1000000	L OC - DECID BY DECISTRAD	L DEL DESCRIPTION CICLATURE

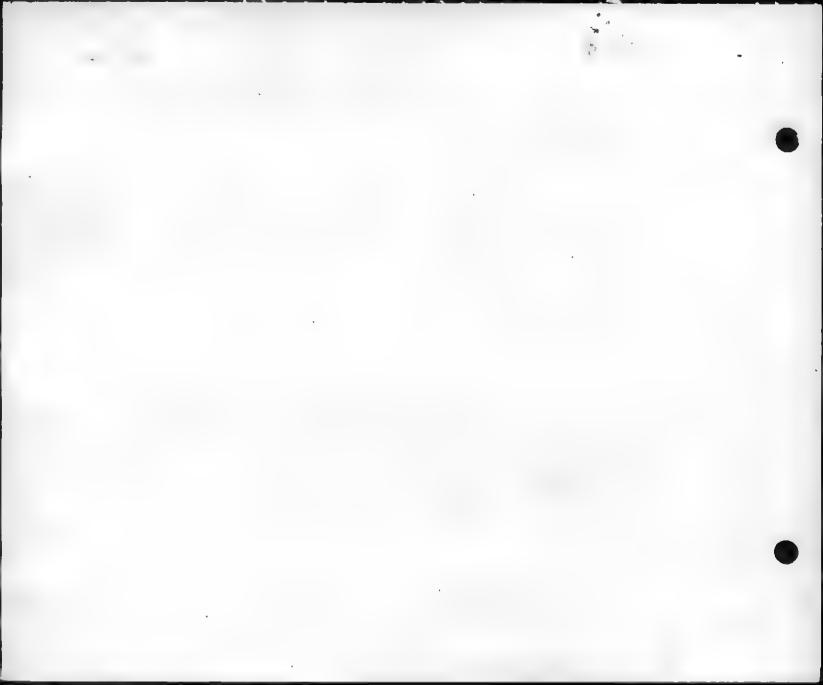
**ADDRESS** 

2Sa. REC'D BY REGISTRAR DATE DEC 23

1956

REGISTRAR'S SIGNATURE

udge



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

D. COUNTY  Anne Arundel  b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Annapolis  d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Anne Arundel General Hospital  2. USUAL RESIDENCE (Where deceased lived, if instite a STATE Maryland b. CC and STATE Maryland	Anne Arundel
Anne Arunde I Maryland Maryland  b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Annapolis 5 days Annapolis  d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS	Anne Arunde I RURAL and give nearest town)
write RURAL and give nearest town) Annapolis  d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS	
Annapolis 5 days Annapolis  d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	Ox.,
d NAME OF HOSPITAL OR INSTITLTION (If not in hospital, give street address)  d. STREET ADDRESS	
Anno Arundal Coneral Hospital 28 Fast Street	e IS RESIDENCE
Willie Winnel Geliefal Hoghifal II worder Street	ON A FARM? YES NO V
	onth Day Year
DECEASED (Type or print) Marie Michele Cassavetis DEATH DE	ecember 3 1966
S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS
Female White WIDOWED X DIVORCED April 9, 1897 Ost hithdoy)	Months Days Hours Min
10a, USUAL OCCUPATION (Give kind of work done during sken of working life, even if retired). 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign caunity)	12. CITIZEN OF WHAT COUNTRY?
during from of working the even if refused the Mew York ITALY	USA
13 FATHER'S NAME	-0001
LIBERATO GAGLIARDI ISABELLA BAI	PBERI
15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16 SOCIAL SECURITY NO. 17. INFORMANT  Ad	1503 GARWOOD AVE
MR. ANTHONY PATELIS JR.	MT PROSPECT ILL
18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
, IMMEDIATE CAUSE (O)	A.
1801 DUE 100 - 110	5 days
(Conditions, if any, which gave) Inse to immediate couse (a),	
stoting the underlying cause DUE TO	
lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS ALTOPSY PERFORMED?
Calif	YES NO Z
20a. ACCIDENT WAS UNDERLYING  20a. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
OR CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. 20d INJURY OCCURRED Yor tawn)  While Nat While factory, street, affice bldg., etc.)	(County) (State)
Hour o.m.  While Not While of work of twork of twork of twork of twork of twork of twork of two twork of two	
21. I certify that (I) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3. , 19 66, that (1) (Well las
	es and an the date stated above
22g SIGNATURE	22b. DATE SIGNED
ATTENDING MED STACE	11-4-66
ATTENDING MED. STAFF PHYS DIRECTOR PHYS.	
ATTENDING MED. STAFF PHYS.  22c. PHYSICIAN'S  22d. ADDRESS	
french thipley M.D. ATENDING DIRECTOR DIPHYS.	
22c. PHYSICIAN'S NAME (Type) TM. SIAL PLEY  23d. BURNAL (REMATION, 23b. DAJE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Gity or	t, Annapolis, Md. Town) (County) (Stote)
22c. Physician's NAME (Type) To M. S. A. D. Phys.  22c. Physician's NAME (Type) To M. S. A. D. Phys.  23d. Burial, Cremation, Pemoval (Specify) 12/6/1966 U.S. NATIONAL CEM. ANNAPOL.	t, Annapolis, Md.  Town) (County) (Stoje)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law remaires that the death certificate be executed within 24 heurs after death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burnal-transit permit. Then please remove carban papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, of termayor, and in any event, within 72 hours after degt Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) . 20 M 1/66



DIVISION OF STATISTICAL	RESEARCH AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE	1. MARYLAND
16512	RESEARCH AND RECORDS, CERTIFICATE	OF DEATH	11	5510

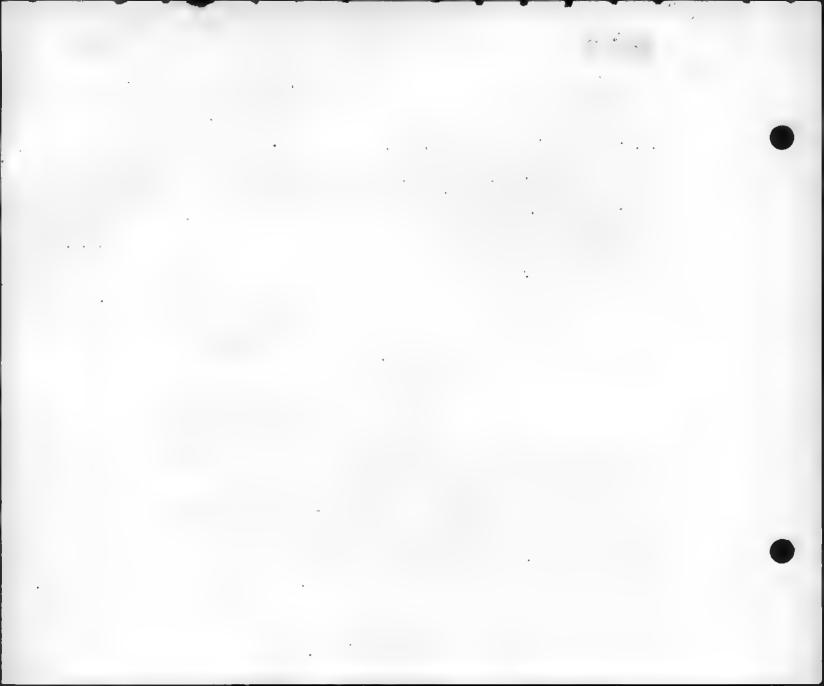
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decrased lived, If institution: Residence before admission)
a. county Anne Arundel	B. STATE Maryland Anne Arundel
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Annapolis	Annapolis, Md.
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d. STREET ADDRESS  9. IS RESIDENCE ON A FARM?
U.S. Naval Hospital, Annapolis, Md.	95 Franklin Street YES NO NO
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print)   Sabelle   Miller	COCHRAN December 14 1966
5. SEX 6. COLOR DR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months   Days   Hours   Min.
Female Cauc. WIDOWED DIVORCED	August 14, 1891 75 yrs. Months Days Hours Min.
1Da. USUAL OCCUPATION (Give kind of work done   1Db. KIND OF BUSINESS DR during most of working life, even if retired)   INDUSTRY//	11, BIRTHPLACE (County & State, or foreign country)   12, CITIZEN OF WHAT
Housewife Housewife	AUNA DOLIS MD COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
D: /: T N'11-0	This are to
THIS PROPERTY WILL ADMEDICATION TO A COMPLETE OF THE PROPERTY	VRGIVIA MICNO!
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. (Yes, no, or unknown) (If yes give war or dates of service)	
NO -	CHAMUL COCHRAN #2
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) CARUING POR O	FENDOMETRIUM OF
V.	
Conditions if any which	
gave rise to immediate	
cause (a), stating the DUE TD	
underlying cause last. (c)  PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REI	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY
TAN INCHES ON TOWN TOWN TOWN TOWN TOWN TOWN THE TANK TOWN TOWN THE TANK TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	PERFORMED?
	YES X NO
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT REL  20a. ACCIDENT WAS UNDERLYING TO AUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of Injury In Part I or Part II of Item 18.)
3 2Dc. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   20e. PL	ACE DF INJURY (Home, farm,   20f. (City or town) (County) (State)
1 Mulle - Mat Autie	ory, street, office bldg., etc.)
	28 October 2066 - 14 December 2066 - 11 1 10 4 2 1 14
21. I certify that (i) (this hospital) attended the deceased from 1	28 October, 1966 pto 14 December 1966, that (1) (we) last at death occurred at 1948 M, from the causes and on the date stated above.
saw the deceased alive on 14 December 19 00, and the	at death occurred at 1270m, from the causes and on the date stated above.
1 228. SIGNATURE	
	O. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type) PARRY JOHN COUGHLIN	22d. ADDRESS
	U.S. Naval Hospital, Annapolis, Md.
23a. BURTAL, GREMATION, 23b. DATE THEREDE 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
ICREMATION 12-10-66 1FT, KINCOK,	U ISLADENSBURG MD.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
John M. Taylor & Sons, Duke of Glouceste	er St. DEC 19 1966 Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit period. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, be emoved, and in any event, within 72 hours after death.

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VR AI5 (4)



CERTIFICATE OF DEATH funeral should PLACE OF DEATH e. COUNTY e. STATE 12 t Anne Arundel MARYLAND Maryland 70 b. CITY OR TOWN lif outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give negrest town) St Margarets Edgewater d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Bay Manor Nursing Home Rt Box 20 completely M.ddie 4. DATE Month DECEASED OF (Type or print) DEATH event, within Collinson Edward and cor 6. COLOR OR RACE 7, MARRIED TO NEVER MARRIED 8. DATE OF BRTH WIDOWED [ DEVORCED male physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired retired farmer own farm Edgewater, A.A.Co., Md. 13. FATHER'S NAME Mary Elizabeth Brewer John Collinson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) | (if yes give wer or detes of service) Mrs. Mary M.Collinson-wide no 214-16-3856
18. CRUSE OF DEATH [Enter only one cause per une for (e), (b), and (c), ) permit. ٨ THROMBOSIS PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (e), stating the underlying ceuse lest. 0 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Peri I or Part II of Item 18.) 206. ACCIDENT WAS UNDERLYING [] OR CONTR BUTING [1] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De, PLACE OF INJURY (Home, farm, 20f. (City or fown) lectory, street, office bldg., etc.) While Not While Hour e.m. at work et work p.m saw the deceased aliva on 2.0 ATTENDING PHYS. death. Page 4
TO FUNERAL
director, page 3
be filed with the PHYS. DIRECTOR HOSPITAL ADDRESS 230. BURIAL, CREMATION, 235. DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Hallows Birdsville 25e. REC'D BY REGISTRAR 25b. VIII A15 (41 ) Home Annapolis

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

2. USUAL RESIDENCE (Where deceased lived, if institution 5. COUNTY Anne\_Arundel c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

a. IS RESIDENCE ON A FARM? YES NO Yeer

19 Dec. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months

County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY

USA

same as

ARTERIOSCIEROSIS, GENERALIZA

PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART No. 19. WAS AUTOPSY PERFORMED?

NO E

1961, to. D. D. Le. 1966 that (1) (we) last

19.6. and that death occurred at AM, from the causes and on the date stated above. 22b. DATE SIGNED

23d. LOCATION (City, fown or county) (Stete)

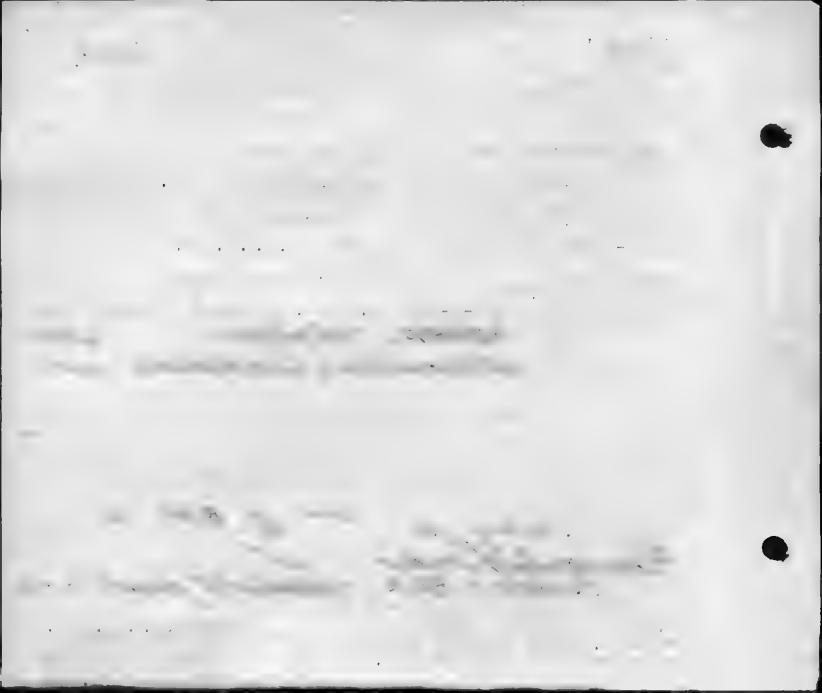
(County)

[Stete]

A.A. \_Ca\_

REGISTRAR'S SIGNATURE

15M 7-62 %



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending crystopen and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then peope remove carban papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 haurs after death.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

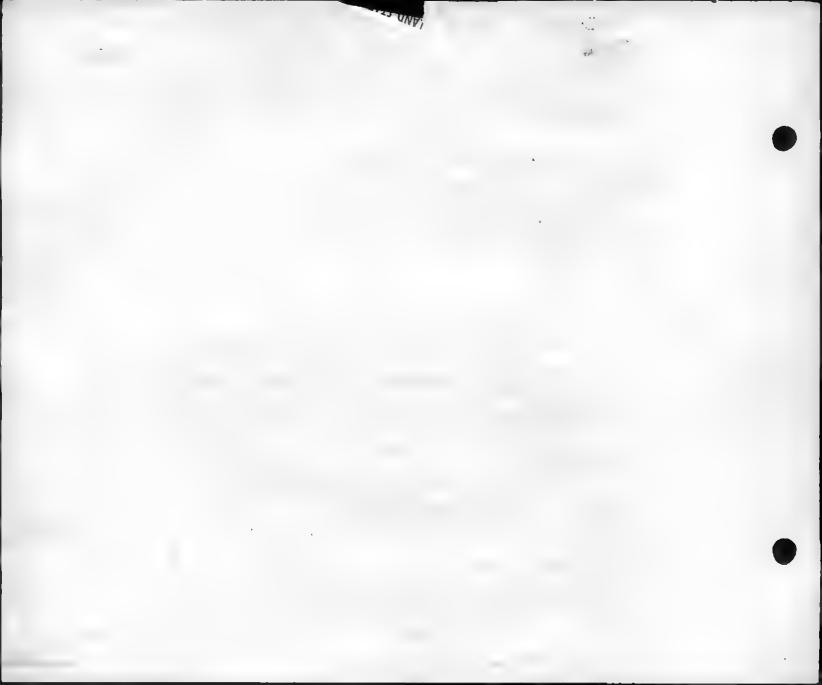
Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1651	4		CERTI	FICATE	OF DEATH			165	19	
PLACE OF DEATH					2 USUAL RESIDENCE	(Where deceo	sed lived, if institut	on Residence	e before odn	nission)
o COUNTY	ms aroudel		MAK	RYLAND	o STATE In 202	rland	b. COU	ATTLE VILLE	. Tinn	40]
	If outside corporate .imi	ts.	c, LENGTH OF STAY	-10	c. CITY OR TOWN (If	outside comon	ote fimits, write RUI	RAL and give	negrest fow	n)
write RURAL an	d give nearest town)	**/			,		-,			,
	mapolis		16 day	S	Mayo	)			T = 10	RESIDENCE
d NAME OF HOSPI	FAL OR INSTITUTION (IF n	of in hospitol,	give street oddress)		d. STREET ADDRESS				ON	A FARM?
<u> </u>	e Mursing	1 donr.	Jen'er		0. 301	5 5			YE2	NO N
NAME OF DECEASED (Type or print)		rst nog	FRANK - 11	y C:	lost	4 DATE OF DEATH	Mont Docom		Doy	Year 19
. SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRI		. DATE OF BIRTH		9. AGE (In yeors	IF UNDER 1		NDER 24 HRS
M	Cauc.	WIDOWED	DIVORC	ED 🔲	Aug. 4, 18	391	lost birthdoy) 75 yrs.	Months	Doys Ho	urs Min.
o USJAL OCCUPATION	N (G ve kind of work done life, even if retired)		IND OF BUSINESS OR IDUSTRY		11. BIRTHPLACE (Coun	y & Stote, or fo	oreign country) ylan4	COU	ZEN OF WHA NTRY?	
3 FATHER S NAME	72 220			Т	14. MOTHER'S MAIDEN		/ 10011			
,Tam H	B. F. Colli	0.00			T 7 _ 24	n. Indi				
	ER IN U.S. ARMED FORCES		SOCIAL SECURITY NO.	17	NFORMANT	<u> </u>	Addre	acc		
(Yes, no or unknown)	(If yes give wor or dotes	of service)						0.53		
100		[ ]	<u> </u>	-4 .r	s. Rost. i	cust1	9 2.00	X , 2	11-3	***
	EATH (Enter only one co ITH WAS CAUSED BY, IMMEDIATE CAUSE		(0), (b) and (c))	<del></del>			1			ND DEATH
16.3 X	DUI	TO /	Ò	7	7	4				
Conditions, if ony		(b)	7 - literan	1	Labor	1				
rise to immedio		10		40			£ '			
lost.	)	(c)			1					
PART II. OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RI	ELATED TO T	HE TERMINAL DISEASE C	ONDITION GIV	EN IN PART 1(0)		19. WAS PERF YES	ORMED?
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DI	ESCRIBE HOW INJURY	OCCURRED (	Enter noture of injury n	Port I or Po	rt II of item 18.)			
to content to	URY Month, Doy, Year	While			E OF INJURY (Home, fo		(City or town)	(Cour	nly)	(Stote)
J.	m. 19	of wor		1	-3	10		10	-1 - 1	0.7.3.1
	ify that (I) (this ha	spital) atten	ded the decease	d fram	. J. I. 7.	19 00,	taCa		ے that (	I) (we) las
	leceased alive an_	7.0	<u>. بند 19</u>	and that	death accurred o	12:157	M, from causes			ated abave
22o. SIGNATURE	TILA , //		A Same of the bar	M.C	ATTENDING (2)	MED. DIRECTOR	STAFF PHYS.	22b. DAT	TE SIGNED 8-60	6
22c. PHYSICIAN' NAME (Type	Albert L.	Ar. ter			22d. ADDRESS		_ 1.V		is,	
			23c. NAME OF CEI	METERY OR (	REMATORY	23d, 1	OCATION (City or To	wn) 1	County) /	(Stote)
23g BJRIAL, (REMAJI REMOVAL (Specif	12.8		- 1/1/	R1/5			INAPOLI	~ /1	(0)	
24 FUNERAL DIRECTO		D(D)	ADDRESS	2/13	4 1 250 PF	D BY REGIST	RAR J 25b. RI	JUST SANGERUS	GRATURET .	108
1/- District			1	0.	M / F	FC 1	11916	アンこくこうが	CES Y	7



VR A15 (4) 15M 4-64

	MARYLAND STATE DEPARTMENT OF H	EALTH
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON S	STREET, BALTIMORE 1, MARYLAND
16515	CERTIFICATE OF DEATH	16513

PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, If Institution  9. COUNTY  9. STATE  10. COUNTY	: Residence before admission)				
G. JIRIL. B. GOORT	e Arundel				
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL)					
Davidsonville Davidsonville	- 2 /				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)   d. STREET ADDRESS	e. IS RESIDENCE				
Governor's Bridge Road Governor's Bridge Road	DN A FARM?				
3. NAME OF First Middle Last   4. DATE Month	Day Year				
OECEASED (Type or print) Frank W. Colona DEATH December	r 1 1966				
5. SEX   6. COLOR DR RACE   7. MARDIED   MINER MARDIED   8. DATE DE BIRTH   19. AGE (In years   IF UND	FR 1 YEAR HE UNDER 24 HRS.				
Male Cau. WIDDWED DIVDRCED March 10, 1899 67 yrs.	s Days Hours Min.				
10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 12.	CITIZEN OF WHAT COUNTRY?				
Lawyer- Retired Banking Parksley, Virginia	USA				
13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME					
Edward Colona Bert White					
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address					
(Yes, no, or unknown) ((ffyesg) war or dates of service) Yes WW-I 224-22-4331 Mrs. Dorothy T. Colona Same	as # 2 Above				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) many Ociliains	UNSCI AND DEATH				
rest of the second seco					
conditions, if any, which ) (b) cornery artisque direct le le plentine	ı.				
gave rise to immediate DUE TO					
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  (b) Chronary a trapy deserve (c) hypertures  (c) Theralyied active sele a ori:					
	The state of the s				
ICAT	YES ND				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	18.)				
[5] (IF EITHER, NOTIFY MEDICAL EXAMINER)					
Gastani sheet office bilds at a	County) (State)				
Hour a.m. While Not While at work at work					
21. I certify that (I) (this hospital) attended the deceased from arrayment, 1966, to dece 1 19	€ ← that (I) (we) last				
saw the deceased alive on deceal 1966, and that death occurred at 62. M, from the causes and or					
22a. SIGNATURE 22b. DATE SIGNED					
Emily H. Wilson M.D. ATTENDING A DIRECTOR   STAFF PHYS.   12	2/1/66				
22c. PHYSICIAN'S NAME (Type)					
Dr. Emily Wilson					
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME DF CEMETERY OR CREMATORY 23d. LOCATION (City, town or REMOVAL (Specify)	county) (State)				
Rurial   Dec. 3 1966  All Hallows Chanel   Davidsonville	A.A. Md.				
24. FUNERAL DIRECTOR ADDRESS ANNADOLIS 25a. REC'D BY REGISTRAR 25b. REGISTR					
Hopping Funeral Home 172 West St. Md. DATE DEC 5 1986	rig ladge				



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16516

~ []	$I \mid V$	CERTIFICATE OF DEATH
ES \$1A	[元	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if Institution. Residence Detore admission)
funeral ond	1	O. COUNTY A COUNTY A GOUNTY A GOUNTY A GOUNTY
es afte		b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give neorest town)
± Bass		write/RURAL and awe nearest fown
s. hor		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  d. STREET ADDRESS  , 15 RESIDENCE
d in		ON A FARM?
# 8-E		
attending-physician and completely filled in by the funeral series of series	3,	NAME OF First Middle Lost 4 DATE Month Day Year DECEASED OF
cor cor ent,	-	(Type or print) -JOSEDH W. COOK W. DEATH  SEX   6 COLOR OR/RACE   7. MARRIED   8. DATE OF BIRTH   9 AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.)
om on on one	3	A.1   last birthday)   Manths   Days   Hours   Min
ony ony		WIDOWED DIVORCED 8-1-1888 78 yrs
		a USUAL OCCUPATION (Give kind of work dane in Dr. KIND OF BUSINESS OR in Birtherace (County & State, or fareign country)  12 CITIZEN OF WHAT COUNTRY?
eos anc		FARMER IVE9. + FLOWERS BHATIMORE MD. 413.
al,	13	1. FATHER'S NAME
	Ŀ	LOSEPH H. LOOK LAURA VI PENNSMITH
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (sp. ng. pr ynknown) (If yes give war ar dotes of service) 19. 14. 23.250
affer permi	1,	(es, na, prynknown) (If yes give war ar dotes of service) 218/43325A Lillie M LOOK # 2
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) ) PART I DEATH WAS CAUSED BY:  ONLY I AND DEATH
hysician. Igned by the uriol-tronsit uriol, cremat		PART I DEATH WAS CAUSED BY: Carceroona of Prostage ONET AND DEATH
tron tron		DUE TO
physicic signed buriol-t buriol,		Conditions, if any, which gove ) (b)
5 C S C C		nse to immediate cause (a), stating the underlying cause DUE TO
nding been s the ior to		lost (t)
p a s p	_	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBITING TO DEATH RIT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(n). 19 WAS AUTOPSY
9 5 9 5	CERTIFICATION	PERFORMED?  YES NO P
ficote for us Healt	EC	20g ACCIDENT WAS UNDERLYING (20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
ospitc certifi hed f	GRT.	OR CONTRIBUTING (CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)
a che	3	20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or tawn) (Caunty) (State)
the he detoch detoch re Dep	MEDICAL	Hour o.m. While Nat While foctory, street, affice bldg, etc.)
After II After II I be de		21. I certify that (I) (this hospital) oftended the deceased from 8/9, 1963 ta /2/6, 1966, that (I) (we) las
9 0 7 0		saw the deceased alive an 6/24 19/66, and that death accurred at 8/1000, from causes and an the date stated above
CTOR: Shoul		220. SJ8NAJLIKE 22b. DATE SIGNED J
, = = = = = = = = = = = = = = = = = = =		M.D. ATTENDING DIRECTOR D STAFF DIRECTOR D PHYS. D
y be gge gge filed		22c. PHYSICIAN'S 22d. ADDRESS ( )
RAL DIR		NAME (Type) Fichard I. Hochman, Tud 59 Franklinds, Hunspolis had
4 뉴 호교 '	22	ID. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. ACCATION (City of Town) (County) (Stote)
Page 4 r O FUNER director, shoufd	1.	Z REMOVAL (Specify) 12 Q 110 (1.1/1)
2 2 2 %	1	
VR A15 (4)	L	Ma T. T. Should far and March 1 March 1 1000 Milliander Judat.
20 M 1/00	TIO	my 101. 19 10 grants composition of late UE 69 1300 fr



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16517 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death physician.
signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remove carban papers. Pages I and burial-transit permit. 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH b. COUNTY o. COUNTY o. STATE Anne Arundel Anne Arundel Marvland MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside corporate limits, c LENGTH OF STAY IN 16 write RURAL and give nearest town) - Severn Ridge Road, Annapolis D. O. A. RURAL Annapolis d. NAME OF HOSPITAL OR INSTITUTION (H not in thospital, give street oddress)

Anne Arundel General Hospital d STREET ADDRESS IS RESIDENCE ON A FARM? SENERN YES NO X 3 NAME OF Middle 4 DATE Dov Year DECEASED OF CRISP December 66 Allen 10 (Type or print) DEATH S SEX DATE OF BIRTH AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED ast burthday) Months White Male Feb. 6. WIDOWED DIVORCED 1889 12 CITIZEN OF WHAT 1Db KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote or foreign country) 100 JSUAL OCCUPATION (Give kind of work done dur namost of work natife leven fretired). Maryland 14. MOTHER S MAIDEN NAME 13. FATHER'S NAME 17 INFORMANT 15. WAS DECEASED IVER IN US ARMED FORCES? (Yes, no, or up(mo)(h) (If yes give wor or dotes of service) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave nse to immediate couse (a), DUE TO far use as the t Health priar ta b stoting the underlying couse attending has been tabi PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? CERTIFICATION NO the haspital ar this certificate 205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20d INJURY OCCURRED 20f. (City or town) (County) (Stote) 20c. TIME OF INSURY Month, Day, Year foctory, street, office bldg., etc.) Hour o.m. Not While at work ot work O FUNERAL DIRECTOR: After 21. I certify that (I) (this househol) attended the deceased fram. 140 19/0 6, and that death accurred a fram causes and an the date stated above. saw the deceased alive an 226. DATE SIGNED 220. SIGNASURE ATTEMOING PHYS. MED DIRECTOR STAFF PHYS. M.D. 22d. ADDRESS NAME (Type) Frank M. Shipley 121 Cathedral St., Annapolis, Md. M.D director, shoutd b 23: NAME OF REMETERY OR CREMATORY BORIAL, CREMATION 236 DATE THEREOF 230 REMOVAL (Specify) RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

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## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16518

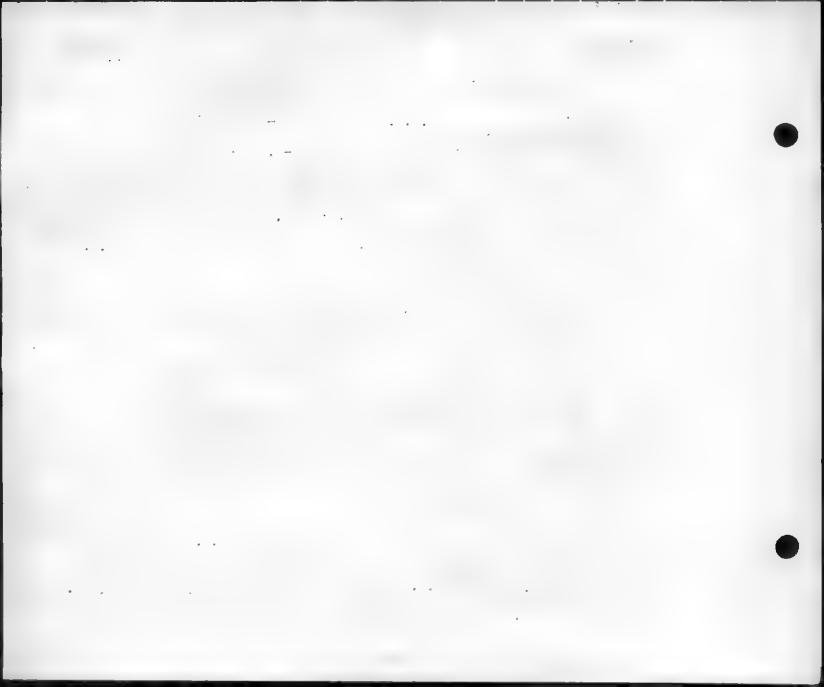
CERTIFICATE OF DEATH

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j		* 007.								1031	0	
1		PLACE OF DEATH						Where decea	sed lived, if institut on Re	sidence before	odm ssio	n)
	-	a. COUNTY	Anne Art	undel	MARYLAI	ND	o. STATE Mary	rland	b. COUNTY A	nne Ar	undel	k
			t autside corporate limits,		t LENGTH OF STAY IN 1	b	c CITY OR TOWN (If a	tside corpore	ate limits, write RURAL on	d give neorest	tawn)	
		Annar	give neorest town)		D.O.A.		RURAL - A	Innapo	lis			
	(	NAME OF HOSP TA	L OR INSTITUTION (IF not	m hospital, g	jive street address)		d STREET ADDRESS		C . 11		ON A FA	
,		nne Aruno	el General	Hospit	tal		Rt-2, I	30 <b>x-</b> 15	STMARGA.	RETS 1		NO T
		NAME OF DECEASED	Firs		Middle		Last	4. DATE OF	Month	Doy	Yea	
	(	Type or print)	Raymond		Albert		DAWSON	DEATH	December	1	19 (	
	5 5	_		7 MARRIED	NEVER MARRIED		B. DATE OF BIRTH		last birthdoy) Mon		IF JNDER Hours	24 HRS. Min.
	-	ale	White	WIDOWED	DIVORCED [		April 19, 19		41 yrs			
	10a. dum	LUSUAL OCCUPATION mg prost of Frenk neri	(Give kind of work dane	10414	AD OTBUSINESS OR T	C	11 BIRTHPLACE (County			2 CITIZEN OF		
			VIOCK	1271	POLEUM COR	Pi			Virginia	0,5.		
	13.	FATHER'S NAME	PT DA	ws.	ON		14. MOTHER'S MAIDEN I	NAME 7 A	WOLFE	4		
	ĪS	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. 5	SOCIAL SECURITY NO	17	NFORMANT	, , ,	Address			
	(Y e	s na or upknown)	(If yes give was an later of	1/9/2 2	33-30-5206	MR	5 PAULINE	H. 1	DAWSON:	# 2		
			ATH (Enter only one cous	per line for	(o), (b), and (c).)		0				RVAL BETV	
			H WAS CAUSED BY: IMMEDIATE CAUSE (6	) Ole	cuts cone	wa	y Vame	on		J. UNS	ET AND DE	AITI
		420.1	DUE T	0 11	0 0							
		fonditions, if any,	which gave ) (I	154	malizid	Cul	Michelmon			18	wo	P
		stating the under		0	0							
		last.	, (	()								
	CATION	PART II OTHER SIG	GNIFICANT CONDITIONS CO	NTRIBUTING T	O DEATH BUT NOT RELATE	D TO T	HE TERMINAL DISEASE (O)	NDITION GIVE	EN IN PART 1(a)	19. YE	WAS AUTO PERFORME	PSY D? NO X
	5	20o ACCIDENT WAS	UNDERLYING	20b DE	SCRIBE HOW INJURY OCCU	RRED (	Enter noture of injury in	Port I or Por	t II of item IB.)	1 //	<u>,                                    </u>	NA.A
	CERTIF	OR CONTRIBUTING					,		,			
	MEDICAL		RY Month, Day, Year	20d IN	JURY OCCURRED 20	e PLAC	E OF INJURY (Home, form	1. 2Df.	(City or fown)	(County)	(5	itate)
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		sow the de	ceased alive on/	SNW	= 19 <u>66</u> , and	d that	death accurred at		A from causes and c	in the dote	e stoted	obove
		22a. SIGNATURE	1.1.0.1	7			ATTENDING	.50 A. MED.	STAFF 22	b. DATE ŞIGNI	ED	
			pulled see	<u></u>	•	M.C	I. PHYS XX	DIRECTOR	PHYS.   /	2/2/66	2	
1		22c. PHYSICIAN'S NAME (Type)	John L. He	daman	M D.		22d ADDRESS	a A Theat		2 - 164		
ı									ve, Annapol			
	23a	BUR AL, CREMATIO REMOVAL (Specify)	N, 23b DATE THER 12 - 3 -	1966	HILL CREST		NZM CEM.	23d 10	CATION (City or Town)	(County)	(Sto	ate) —
	24,	FUNERAL DIRECTO			ADDRESS			BY REGISTE	RAR 2Sb. REGISTRA	RS SIGNATUR	E	14
	V	OHN /	4. 1AVLO.	RISON	15 HRIVAF	861.	S /UD DATE T	DEC 5	1966 27	liarle	Jec. 5	Lak

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and should be filed with the State Dept. of Health priar to burial, cremation, at the should be filed with the State Dept. of Health priar to burial, cremation, at the should be filed with the State Dept. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66



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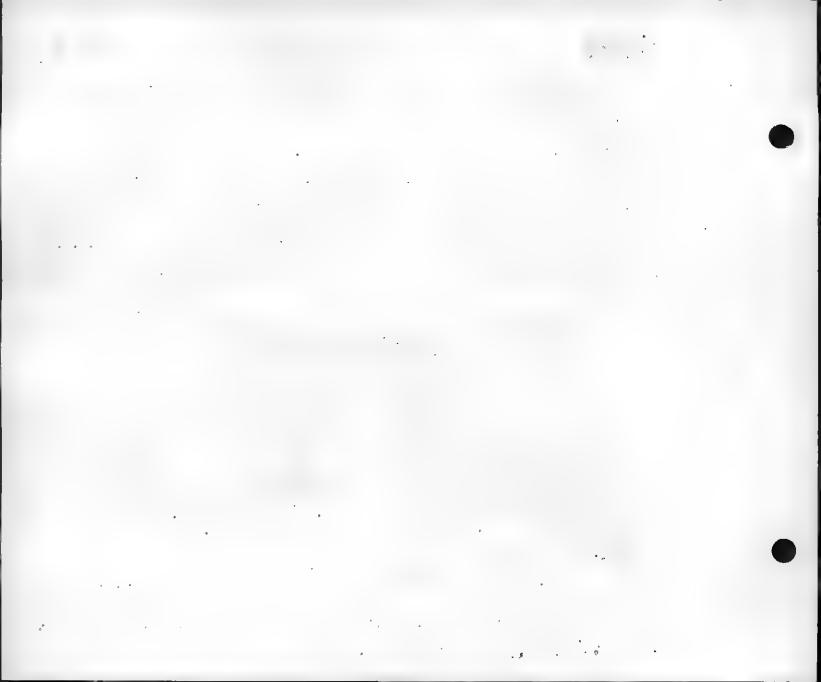
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	MARYLAN	D STATE	DEPART	MENT OF	HEALTH		
STATISTICAL	RESEARCH	AND RECO	DRDS, 301	W. PRESTON	STREET,	<b>BALTIMORE 1,</b>	MARYLAND
	C	ERTIFIC	ATE O	F DEATH		165	17

	1.	PLACE DF DEATH		2. USUAL RESIDENCE	E (Where deceased live		Residence t	efore ad	mission)				
1		a. COUNTY		a, state b, county Maryland Anne Arundel									
ŀ	_	Anne Arundel  b. CITY OR TOWN (If outside corporate limits,   )	MARYLAND c. LENGTH OF STAY IN 1b	Maryland c. city or town (if	nutside cornorate II			neares	town)				
П		Write RURAL and give nearest town)					0		,				
-	_	Annapolis	- It	Annapolis			1.0	IS RESI	DENCE				
Т		d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	pital, give street address)	d. STREET ADDRESS			0.	ON A F	ARM?				
1		119 Granville Ave.		119 Granvi	lle Aye,		YE	s 🗌	-				
١,	3.	NAME DF First	Middle	Last	4. DATE DF	Month	Day	Yea	r				
		(Type or print) Garnard		ay	DEATH	Dec.	19	19	66_				
1	5,	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (II	rthday) Months I	1 YEAR	Hours	24 HRS.				
1		Male white WIDOWED	DIVORCED	Sept. 9.1884		yrs.	Days	HOUIS	MILL				
1	108	. USUAL OCCUPATION (Give kind of work done   10b. KIN	D OF BUSINESS OR	11. BIRTHPLACE (Co		n country) 12. C	ITIZEN O	F WHAT					
1	441		lroad	Hillersvi	lle . Md.		USA						
ľ	13.	FATHER'S NAME	al Odd	14. MOTHER'S MAID	EN NAME	· · · · · · · · · · · · · · · · · · ·	V DATE						
1		Richard T. Day		Sarah Upt	~~								
ŀ	15	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SC	OCIAL SECURITY NO.   17.	INFORMANT	On	Address							
1	(Ye	s, no, or unkown) (1f yes give war or dates of service)	07 1712	D7 77 D-			- 3						
-	-	18. CAUSE DF DEATH (Enter only one cause per line		Pearl V. Da	V-Wille_Sam	10 28 #Z		VAL BET	WEEN				
-				1140	2			T AND D					
Ц		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) AC JIE CORONNEY THROMBOSS  MENOR											
1		DUE TO DUE TO LOSED - LOS TO MESTER DICESSES LANDS											
П		conditions, if any, which gave rise to immediate (b) ARTERIOSCIECOTIC HEART DISEASE 104R5											
П		cause (a), stating the DUE TO											
1		underlying cause last. ) (c)											
1	힐	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	ING TO DEATH BUT NOT RELA	ITED TO THE TERMINAL D	ISEASE CONDITION (	IVEN IN PART 1(a)		WAS AU PERFOR					
١.	CA						YES		NO 📥				
1	CERTIFICATION	2Da. ACCIDENT WAS UNDERLYING   2Db. DE	SCRIBE HOW INJURY OCCU	JRRED, (Enter nature of	injury in Part i or	Part II of Item 18	3.)						
1	5	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
1	CAL	20c. TIME OF INJURY Month, Day, Year   2Dd. INJ	URY OCCURRED   2De. PLA	CE OF INJURY (Home, fa	rm, 2Df. (City or	town) (Co	unty)	(S	tate)				
-1	MEDICAL	Hour a.m. While at work	Not While at work	ry, street, office bldg., et	(c.)								
1	2	21. I certify that (I) (this hospital) attended		שמת ב	461 10 17	- 19 10 6	of the	+ ft) fu	o) last				
П			the deceased from L	t death occurred at	39, to 12	naucon and pri	espece, uno	ns til in	ahnva ahnva				
-		saw the deceased alive on 2 - 2	19 645 , ailu tiia	t death occurred at	IVI, TIDITI LITE		DATE SIGI		annvc.				
-		Carried & Bar	10/		MED. STA	F - 17	-20	11	-				
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		NAME (Type)		ZZU. ADDRESS					Ť				
	0.24	Dilpist operation took page turpent	O20 NAME OF OTHERTED	OD ODERHATODY	Lord LOCATION	(City, town or co	untu)	/06	ate)				
	23a	REMOVAL (Specify)	23c. NAME OF CEMETER			totty, town or co	MILLY)	101	ulo;				
	24	Burial 12/22/66	Baldwin Memo	rial Cemeter	N BY BECKING	250. REGISTRAR	ार्ट देशहोते ह	THRE	4d.				
	Be	ever ley corriopping one	relly of Hos	4 11			JD 17	luda					
	H	OPPING FUNERAL HOME - A	nnapolis, Md/	DATE DE	EC 23 19\$		//	7	- Appl				
			/	/		-	-						



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urs aft	Pages			Arundel N (if outside corporat and give nearest tow		c. LENGTH OF	STAY IN 1b	c. CITY OR TOWN ()		orate limits, write	e RURAL and gh	ve nearest town
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=	<b>₹</b>	3.	NAME OF		ospita.			Rt. 3 Bc		1046		YES NO X
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iji	ତି ଛୁ ଛି 📗	5.	SEX	6. COLOR OR RACE	7. MARRIEC	NEVER MAR		DATE OF BIRTH	1066 9.	AGE (In years III last birthday)		
requires that the death certificate be executed within	Page 4 may be retained by the hospital of attending physician.  10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon page should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within	2	Pemale	Wnite	WIOOWEG		RCED	ecember 26,	1966	yrs.	Months   Days	Houts   Min.
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S	in a land	15	WAS DECEASED	EVER IN U.S. ARMEO FO	RCES?   16	. SOCIAL SECURIT	ÝNO.   17.	INFORMANT	e anina	Address		·
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ë	e e e e e e e e e e e e e e e e e e e	-		OFFICE CO.		None		other		As above		
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res	Si Si Da		Conditions, If		(b)							
8	마음 다음 다음		gave rise to cause (a), si		TO	Prematur	t. 127					
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· 6	atte ha e a h pr	NOI	PART II. OTHER S	IGNIFICANT CONOITIO	NS CONTRIB	UTING TO OEATH B	UT NOT RELA	TED TO THE TERMINAL	DISEASE CONI	ITIÔN GIVÊN ÎN PA	ART 1(a) 119.	WAS AUTOPSY
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<b>*</b>	E A G		22c. PHYSICIA NAME (T)	mal district	anelo	BHRY	grove	ADORESS				
HOSPI	Cto See A			Dr. She	rman h	lobinson/	ASSOCI	Hahn Bui	lding	Severna I	Park, Ma	ryland _
£,	Page 4 may I FUNERAL D director, pag should be file	23a	BURIAL, CREM	ATION, 23b. OATE 1	HEREOF	23c. NAME O	FCEMETERY	OR CREMATORY	23d. LO	CATION (City, tow	n or county)	(State)
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		24	FUNERAL DIRE	CTOR Hopping	100	ADORESS	011	enetory_	C'O BY REGIS	THAR 230 REG	GISTRAR'S SIGN	ATURE .
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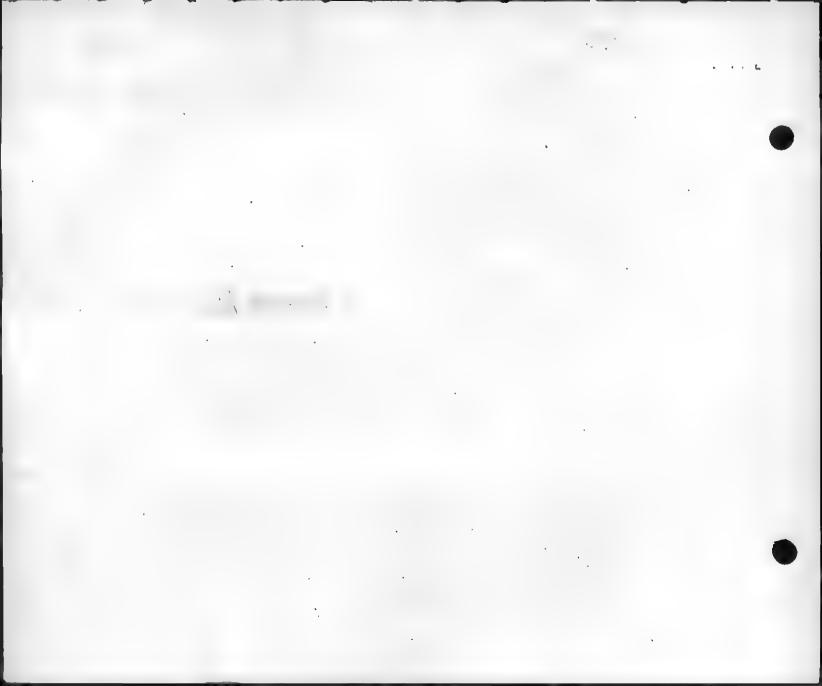
MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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ding			15	WAS DECEASED EVE	R NUS ARMED FORCES? (If yes give wor or dotes of	16 50	OCIAL SECURITY NO.	17. 1	NFORMANT		Addre	ess	
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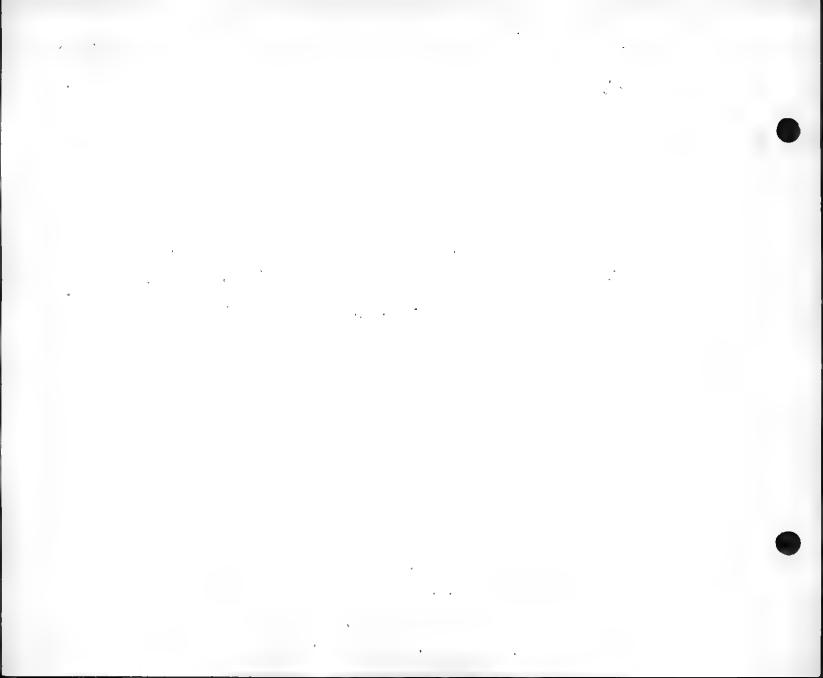


CERTIFICATE OF DEATH funeral death. PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY after the MARYLAND ē TOWN (If outside corporate limits, write RURAL end give nearest town) b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR papers. 1 by write RURAL and give nearest town) hours Slen Jovenie .= d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) filled e. IS RESIDENCE d. STREET ADDRESS within 72 ON A FARM? YES NO executed within completely carbon 3. NAME OF Mlddle /2 Last DATE Month Day Year DECEASED event, (Type or print) LLIAN 20140 DEATH 19 and con SEX 6. COLOR OR RACE 8. DATE OF BIRTH ACE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min. 7. MARRIED NEVER MARRIED any WIDOWED [ DIVORCED [ Ξ 10a. USUAL OCCUPATION (Cive kind of workdone) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) physician ease during most of working life, even if retired) INDUSTRY and Home Kery certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAMI attending ph remova 15. WAS DECEASED EVER IN U.S. ARMED FORCES? been signed by the transit permit. 16. SOCIAL SECURITY NO. INFORMANT 17. Address (Yes, no, or unknwn) | (If yes give war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH law requires that the PART I. DEATH WAS CAUSED BY: Herens or attending physician. IMMEDIATE CAUSE (a) DUE TO Hours Conditions, If any, which (b) gave rise to Immediate as the b DUE TO cause (a), stating the underlying cause last. has (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU WAS AUTOPSY ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. for use Health this certificate betached for use to Dept. of Health PERFORMED? NO C abetes YES PHYSICIAN: retained by the hospital 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20b. State Dept. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (State) DIRECTOR: After tage 3 should be defiled with the State factory, street, office bldg., etc.) Hour e.m. Not While While ATTENDING at work 19 p.m. at work Dec. 66 21. I certify that (I) (this hospital) attended the deceased from 196 AM, from the causes and on the date stated above. and that death occurred at 1/1 saw the deceased alive or 22a. SICNATURE 22b. DATE SIGNED e e page ATTENDING STAFF 66 M.D. PHYS. DIRECTOR PHYS. Page 4 may TO HOSPITAL PHYSICIAM'S TO FUNERAL 22c. 22d. ADDRESS director, p NAME (Type) LOCATION BURIAL, CREMATION, 23b. REMOVAL (Specify) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. (City, town or county) (State) REC'D BY RECISTRAR C 28 1966 24. FUNERAL DIRECTOR. REGISTRAR'S SIGNATURE A15 (4) 20M

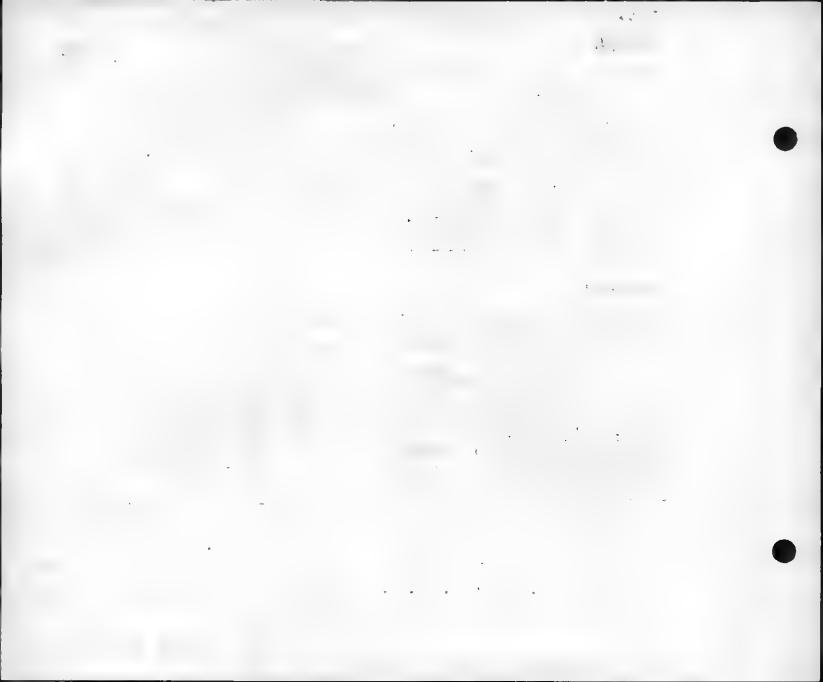
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16524 CERTIFICATE OF DEATH funeral 1 and 2 er death: be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY o. COUNTY Anne Arundel filled in by the fune papers. Pages 1 o thin 72 hours after d Maryland MARYLAND CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate imits write RURAL and give negrest town) Baltimore 7 days d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS B IS RESIDENCE ON A FARM? 413 Cummings Ct. Crownsville State Hospital YES NO X and completely fill remove carban p NAME OF 4 DATE Middle Last Manth Year eyent, wit DECEASED #34085 Heulitt Dunston 12 66 DEATH Type or print) IF UNDER 24 HRS 8 DATE OF BIRTH 9. AGE (In years IF LINDER 1 YEAR 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** last burthday) Haurs 11/20/98 SED DIVORCED ond in ony Male Negro 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working are, even if retired) INDUSTRY COUNTRY? ottending physician remit. Then please Virginia USA PHYSICIAN: The low requires that the death certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, cremation, or removal, Crews Fa Dunston
WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service) 218-03-5518 Hospital Records 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-tronsit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY Bronchopneumonia, Bilateral IMMEDIATE CAUSE (a). Page 4 may be retained by the hospital or attending physician. DUE TO Uremia Conditions, if any, which gave rise ta immediate cause (a). DUE TO as the prior to b stating the underlying cause Hypertensive Cardio-Vacular Disease WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Syndrome associated with Cerebral Arteriosclerosis TO FUNERAL DIRECTOR: After this certificate OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, office bldg , etc.) Not While at work 21. I certify that (I) (this bospital) attended the deceased fram 12/15/, 19 66, ta 12/22/, 19 66 that (I) (we) last saw the deceased alive on 12/22/9 66, and that death accurred at 11:20, from causes and an the date stated above. 12/22/, 19 66 that (I) (we) last director, page 3 should should be filed with the saw the deceased alive on 22b. DATE SIGNED 22a SIGNATURE MED. STAFF PHYS **ATTENDING** 12/22/66 M.D. PHYS 22d, ADDRESS 22c. PHYSICIAN S Benedict D. Crownsville State Hospital, Maryland NAME (Type) NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23g BURIAL, CREMATION, REMOVAL (Specify). 250. RECD BY REGISTRAR
L. DEC 28 **ADDRESS** 245 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



DEVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 16525 CERTIFICATE OF DEATH pinous 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased leved, if Institution: Residence before edmission) e. COUNTY b. COUNTY hours MA Co by the MARYLAND A Co deat b. CITY OR TOWN (if outside corporate limits, E LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) Glen Burhie Ferndala Ξ, Pages filled d STREET ADDRESS . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) hours ON A FARM? 11 Cromwell St Arundel Gen. Hosp North YES NO completely 4. DATE Yeer 3. NAME OF Middle paper Month 72 DECEASED Bertha Feldpusch 19 66 DEATH DAC (Type or print) \_ with carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX and last birthday) Months i May 25,1879 Days Hours Min. Female Can DIVORCED [ WIDOWED TO physician remove 10a. USUAL OCCUPATION (Give kind of wark 1Db. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE I County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) USA any Germany Talen pleasa 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Ξ. Unk Unk Bud 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address ioval, that the (Yes, no, Mankown) (If yes give were rdetes of service) Family Same d by in INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one ceuse per line for (a), (b), and (c),) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: as been signed to burial-transit per IMMEDIATE CAUSE ia cremation, 443110 ending Conditions, if any, which geve rise to immediate cause DUE TO (a), stating the underlying burial, PHYSICIAN: PART R. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate CERTIFICATION PERFORMED? 8 0 YES [ NO use prior 20a, ACCIDENT WAS UNDERLYING 20b. DESCR BE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH ò 9 detached for After 2De. PLACE OF INJURY (Home, ferm, ) (Slete) 20d. INJURY OCCURRED I 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dev. Year DIRECTOR: After factory, straet, office bldg., etc.) While Not While Hour e.m. at work at work pm, Dept. 1962 to Dec. 14, 1966, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from yum ...19 6 6 and that death occurred at 3 42M, from the causes and on the date stated above. State saw the deceased alive on. 220 SENATURE DATE ATTENDING SIGNED m PHYS. DIRECTOR M.D HOSPITAL FUNERAL page with fl ADDRESS 22d. rector, filed death. 23e. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL [Specify] 0 8 3 Glen Maven Burisl 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25e. REC'D BY REGISTRAR 1 25b. REGISTRAR'S SIGNATURE 237 Patapaco Ave 21225 VR A15 (4) 20M 5-63

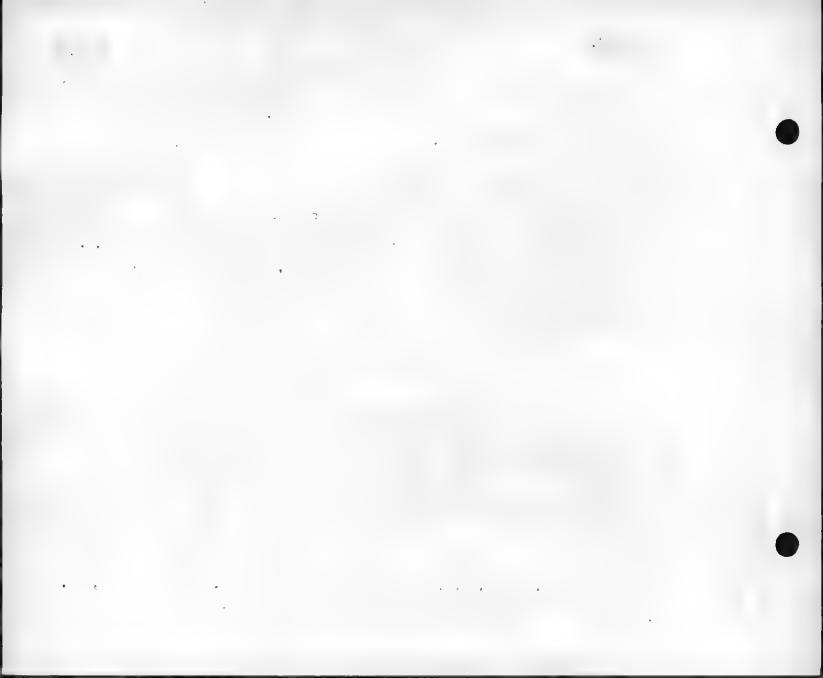
RYLAND STATE DEPARTMENT OF HEALTH

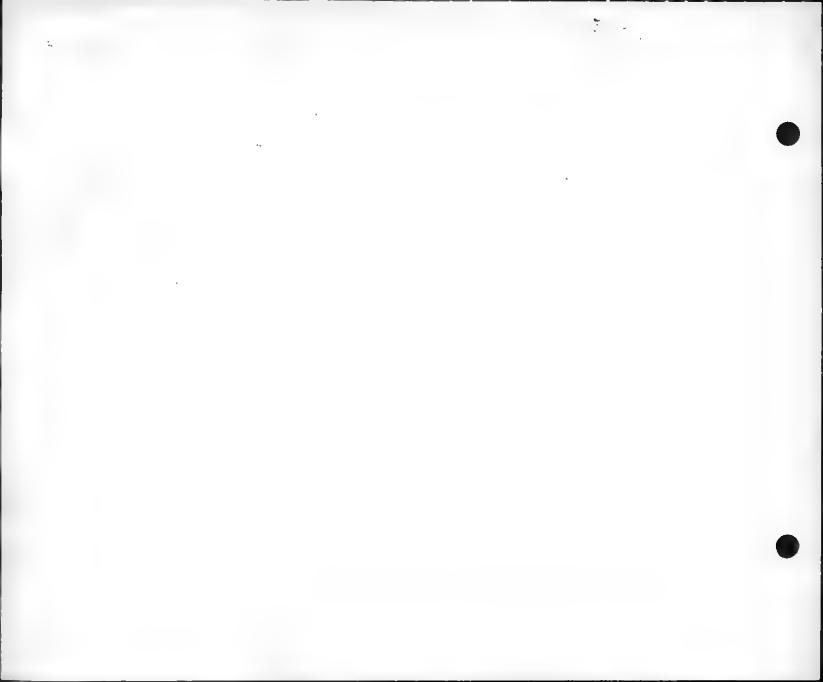


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16526 requires that the death certificate be executed within 24 hours after death ompetely filled in by the funeral vectorbon papers. Pages I and event, within 72 hours after doct PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND. b CITY OR TOWN (If autside corparate limits, c. LENGTH OF STAY IN 15 ( CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) Annapolis Annapolis d NAME Of BOSPITAL OR INSTITCT ON III not in paspital, give street oddress)

Anne Arundel General Hospital e IS RESIDENCE ON A FARM? d STREET ADDRESS 208 Lockwood Court YES NO DAY NAME OF Middle 4. DATE First Last Manth Day Year and completely DECEASED FORD 22 (Type or print) Robert Kent December 19 66 DEATH SEX 6 COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER ! YEAR I IF UNDER 24 HRS. remove 7 MARRIED NEVER MARRIED last b rthday) Manths Days Haurs signed by the ottending physicion and co burial-transit permit. Then please remo burial, cremotion, or removal, and in any WIDOWED DIVORCED March 21, 1926 Male White IDo USUA, OCCUPATION (Give kind of work done 1Dn KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT PRMED during mast of working life even if retired) COUNTRY? BR688 ANUAPOLIS Maryland 13. FATHER'S NAME 14. MQTHER'S MAIDEN NAMI WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT R. FORD CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) by the hospital or ottending physicion. DUF TO Conditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause detached for use as the te Dept. of Health prior to O FUNERAL DIRECTOR: After this certificate has been WAS AUTOPS! PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? YES NO XX 2Da ACCIDENT WAS UNDERLYING Z 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 2Df. (City or fown) (County) (Stote) Hour a.m. foctory, street, affice bldg., etc.) Not While at work at work . 19\_\_\_\_, ta\_ 21. I certify that (1) (\$100-\$1000) attended the deceased from 19 that (I) (364 last 4 moy be retoined M, fram causes and an the date stated above saw the deceased alive on \_19\_\_\_\_, and that death accurred at\_\_\_ 22a. SIGNATURE 22b. DATE SIGNED STAFF director, page 3 should be filed v M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Ray M. Smith, M.D. Hahn ProfBldg., Severna Park, Md. 23g BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (Stote) (County) BLING-TON RLINGTOR 24 FUNERAL DIRECTOR REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66

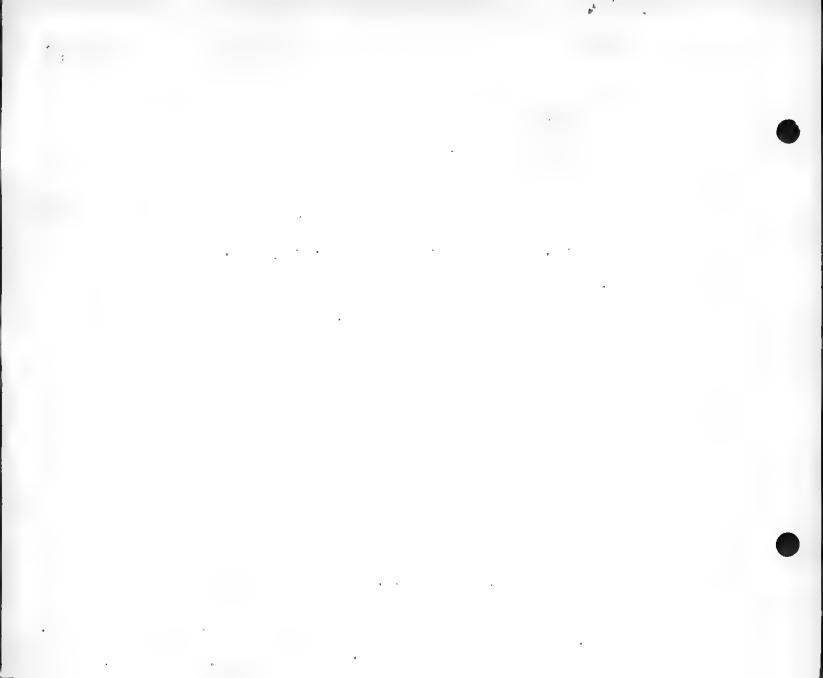
MARYLAND STATE DEPARTMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16528 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o COUNTY b COUNTY Anne Arundel ANNE ARUNDEL Maryland to ofter death MARYLAND deloy c LENGTH OF STAY IN b b CTY OR TOWN (If outside corporate timets write RURAL and give nearest town) c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Odenton Int Odenton wade d NAME OF HOSPITAL OR INSTITUTION (If not in hospital aive street address) e IS RES DENCE ON A FARM? d STREET ADDRESS with the Stote Dep within 72 hours of olong with form YES NO Kimbrough Army Hospital 495 Barbara Lane This certificate should be executed within 24 hours after death 3 NAME OF 4 DATE GAFFNEY DECEASED COFFNEY (Type or print) Leo  $\mathbf{F}$  . DEATH December 9 AGE ( n years last birthday) IF UNDER 1 YEAR S SEX B DATE OF BRTH 6 COLOR OR RACE 7 MARRIED NEVER MARRIED Months Days Sept. 10,1921 ond 2 v WIDOWED White Male 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11 BIRTHPLACE (State or foreign country) Ob KIND OF BUSINESS OR 12 CITIZEN OF WHAT INDUSTRY COUNTRY? Colonel - ret.

13. FATHER'S NAME ef Medical Examiner's US Dedham Mass Army **JISA** Marion Gallagher Leo V. Gaffney 16. SOCIAL SECURITY NO 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (Yes, na, ar unknown) (If yes give war or dates of service) removol. 1942-1866 014-16-1529 Mrs. Betty Jou Gaffney-wife same as #2 IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH Multiple traumatic injuries cremation, or IMMEDIATE CAUSE (a). DUF TO Conditions, if any, which gave nse ta immediate couse (a), DUE TO stating the underlying couse 0 its designated agent, prior to burial, 19 WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(0) PERFORMED? CERTIFICATION the certificote, YES 👽 NO 20a EXTERNAL CAUSE WAS PRIMARY X or CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) pluous OTCAL EXAMINER: CAUSE OF DEATH Pedestrian struck by auto MEDICAL 20d INJURY OCCURRED 1 20e PLACE OF INJURY (Hame, farm, (City or town) 20c. TIME OF INJURY Month, Day, Year (Caunty) (State) Not While foctory, street, affice bldg, etc.) the funeral director. Page 4 While at work 12-18 19 66 Md. street Odenton A.A. 21. I certify that I taak charge of the remoins described above, held an Autapsy X, inspection . Inquiry [ and in my apinion Suicide \_\_\_\_\_\_\_ death resulted fram Natural causes Acc dent X Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER may be re FUNERAL ( SIGNATURE 5 may be 10 FUNERAL Health or i DEPUTY MEDICAL EXAMINER Charles S. Springate, M.D. December 19, 1966 **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 23d LOCATION (City or Town) 23a BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify) 12/22/66 Arlington National 256 REGISTRAR S SIGNATURE 2So REC D BY REGISTRAR BEVER PEYOE. Hopping DEC ?? VR A15ME (5) Hopping Funeral Home Annapolis 6M 1/66



## hours Stote I within with Office pencil File puo the Chief Medical buriol-tronsit 5 This certificate shauld buriol, cremation, should be forwarded to 0 prior to plnous Poge 4 for your FUNERAL DIRECTOR: Poge Health or

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16529 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o COUNTY **b.** COUNTY Anne Arundel MARYLAND Maryland Anne Arundel b CITY OR TOWN (If outside corporate mits, c. C.TY OR TOWN (If outside corporate imits, write RURAL and give nearest town) LENGTH OF STAY IN 16 write RJRAL and give nearest tawn) Odenton ILEN DUNNIE d NAME OF HOSP TAL OR INSTITUTION (If not in hospitol, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? North Arundel Hospital Box 439, Waugh Chapel Road 3 NAME OF First Middle 4 DATE OF pronounced DECEASED **EDWARD** GALLOWAY December 2, 1966 (Type or print) DEATH 5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARR ED IF UNDER 1 YEAR IF UNDER 24 HRS birthday) DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF 12 CITIZEN OF WHAT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECUR TY NO (Yes, no, or unknown) (if yes give wor or dates of service) CAUSE OF DEATH (Enter on y one couse per line for (o), (b) and (c)) PART I, DEATH WAS CAUSED BY: **Asphyxia** ONSET AND DEATH A IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove Compression of thorax rise to immediate couse (o), DUE TO

stoting the underlying couse last. PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0)

of work

19 WAS AUTOPS PERFORMED? YES TY NO

20b DESCRIBE HOW INJURY OCCURRED (Enter nature of an ary in Port 1 or Port 11 of item 18.) Pinned under car when jack slipped

20d INJURY OCCURRED 7 20e PLACE OF INJURY (Home, form factory, street, affice bldg , etc.) **Home** While

20f (City or town) (County) Anne Arundel

Undetermined monner

Inquiry (

(Stote) Md.

and in my opinion

death resulted from. Accident K Suicide | Natural couses **ACTUAL** SIGNATURE

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

22. DATE SIGNED 12-3-66

Charles S. Springate, M.D.

of work

21. I certify that I took charge of the remains described above, held an Autopsy X

Address (Street, city, town, or county) 23L. NAME OF CEMETERY OR CREMATORY BACTONATIONAZ

Hamicide

(County) (Stote)

BURIAL CREMATION.

**EXAMINER'S** NAME (Type)

200 EXTERNAL CAUSE WAS PRIMARY DISCONTRIBUTING

20c TIME OF NURY Tonth Doy, Year

CAUSE OF DEATH

25a. REC D BY REGISTRAR

Inspection

REGISTRAR'S SIGNATURE

VR A15ME (5)

50.0



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 16530CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacegsed lived, If institution: Residence before edmission) e. COUNTY . STATE MARYLAND **b.** COUNTY ANNE ARUNDEL ANNE ARUNDEL MARYLAND b, CITY OR TOWN lif outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) ANNAPOLIS DAYS ANNAPOLIS filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS IS RESIDENCE hours ON A FARM? completely YES NO Y 1012 FOREST HILL ANNA. NAVAL HOSPITAL ANNA. MD. paper n 72 i 3 NAME OF DATE Middle DECEASED OF (Typa or print) DEATH 1966 carbon NELSON GIRARD  $\mathbf{DEC}$ wirhi 6. COLOR OR RACE 7, MARRIED NEVER MARRIED Y AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH pue last birthday) Months event, Hours WIDOWED [ DIVORCED [ physician гетто 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stelle, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) UNITED STATES NONE ANNE ARUNDEL, MARYLAND NONE please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME PHILIP NELSON GIRARD CAROL ANN BELL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknwn) (If yes give war or detay of service) 18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), and (c), þ INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) 115,5 DUE TO Conditions, if any, which geve rise to immediate causa DUE TO (a), stefing the underfying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e), 19, WAS AUTOPSY CERTIFICATION PERFORMED? prior YES T NO 20e. ACC DENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of Injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20c. TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED : 20e, PLACE OF INJURY (Home, farm, ) 20f. (City or town) (County) (Stete) ŏ factory, street, office bldg., etc.) While Hour e.m. Not While OR el work el work 21. | certify that (I) (this hospital) attended the deceased from 25 DEC 19.66 to 27 DEC 19.66, that (I) (we) last 22a~SIGNATURE 22b. DATE ATTENDING rath. Page 4 PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS rector, NAME (Type) USNH ANNAPOLIS. MARYLAND CEMETERY OR CREMATORY 23e. SURIAL, CREMATION, 23b. LOCATION (City, lown or county) (Stete) OFA REMOVAL (Specify) 25a. REC'D BY REGISTRAN 25b. REGISTRAR'S SIGNATURE 24 JEUNÉRAL DIRECTOR'S' SIGNATURE **ADDRESS** VR A15 (4) 20M 5-63

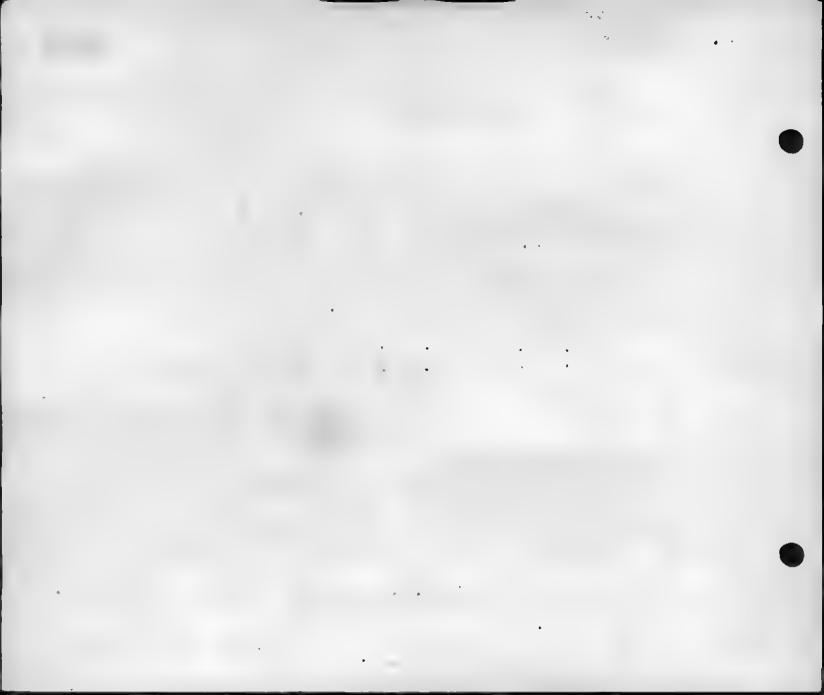
MARYLAND STATE DEPARTMENT OF HEALTH



STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funera 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) 1. PLACE OF DEATH e. COUNTY L. COUNTY \$ 7 £ AA Marvland Anne Arundel MARYLAND φ c. CITY OR TOWN (li outside corporata limits, write RURAL end give neerest town) b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 á write RURAL end give neerest lown) 5,4 Pasadena 8 Years Pages Pasadena within . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address) d. STREET ADDRESS ON A FARM? YES NO X 180 Solley Road completely 180 Sollev Road paper 3. NAME OF 4. DATE Year Middle DECEASED OF within DEATH (Type or print) December 29 Ambrose and cor 9. AGE (In yeers | IF UNDER I YEAR | 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lest birthday) 76 WIDOWED T 1890 Male physician remove 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & Stele, or foreign country) 10e. USLAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) USA Wilmington, Delaware Brakeman - Ret. Railroad please Ξ. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME affending Mary Ortmann Frank Griffith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? removal 1 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unkown) (!fyesgivewerordetesofservice) Mrs. Ruth Unton, same as 2 permit. INTERVAL RETWEEN þ 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH o or attending physici has been signed be to burial-transit per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) cremation, DUE TO gave rise to immediate cause DUE TO (a), sleting the underlying hospital or encertificate has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 2 CERTIFICATION PERFORMED? prior YES | NO F for 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Health OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached MEDICAL 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY 20d, INJURY OCCURRED I Month, Day, Year 6 lectory, street, office bldg., etc.) While Not While Hour e.m. DIRECTOR: at work at work 29 , 1966, that (I) (we) last 10.12 22b. DATE 22e. SIGNATUR SIGNED ATTENDING death. Page 4 PHYS. page with th DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S ector, NAME (Type) 3708 Mountain Road, Pasadena, Filed Mclaughlin. 23d. LOCATION (City, lown or county 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF S.g. B REMOVAL (Specify)
Burial Jan. 3. Cedar Hill Cemetery Baltimore Md. 21225 250. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kirkley Funeral Home, Glen Burnie, Md. VR A15 (4) 20M S-63

RYLAND STATE DEPARTMENT OF HEALTH



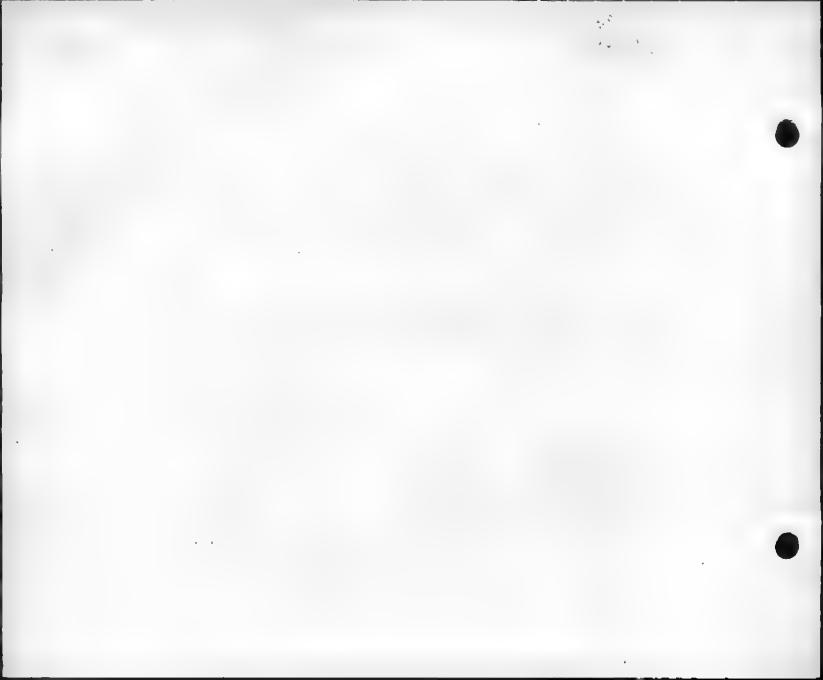
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16530 CEPTIFICATE OF DEATH 10000

10000	CERTIFICATE	OF DEATH		10552
1. PLACE OF DEATH				n Residence before admission)
o. COUNTY Anne Arunde	1 MARYLAND	o. STATE Mary land	b. COUNT	Anne Arundel
	c. LENGTH OF STAY IN 16	c CiTY OR TOWN (If outside		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	20	Annapol	,	,
Annapolis  d. NAME OF HOSPITAL OR INSTITUTION (if not in in	aspital give street address)	d STREET ADDRESS	13	e IS RESIDENCE
			Li Causas	ON A FARM?
Anne Arundel Genera	Middle		klin Street  DATE Month	
DECEASED			OF	,
(Type or print) Charles SEX 6 (OLOR OR RACE 2 M	Joseph		DEATH December  19 AGE ( n years )	15 19 66 IF UNDER 1 YEAR 1 IF UNDER 24 HRS.
		B. DATE OF BIRTH	lost, b rthdoy)	Months Doys Hours Min
negio		uly 8, 1902	64 yrs	
a LSUAL OCCUPATION (Give kind of work done ring most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & Sto	ite, ar fareigh country)	32 CITIZEN OF WHAT COUNTRY?
Gen Utilities	********	A.A. Co	Maryland	U.S.
FATHER S NAME		14 MOTHER'S MAIDEN NAME		
Thomas Fardestv		Mary Ann	Swann	
IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknown) [(If yes give war or dates of servi		NFORMANT	Addres	'Annapolis,I'd
37 - 77 - 77 - 77 - 77 - 77 - 77 - 77 -	1 010 FO 450b =	ula C. Hard	lesty 80 Fr	
1B. CAUSE OF DEATH (Enter only one couse per PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (c)	for for (a) (b) and (c))	- 0	12. 7	NTERVAL BETWEEN
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (g)	crear lase	elen ae	cours	ONSET AND DEATH
JJY/ DUE TO	Mirose lers	00,	0. 1	2
Conditions, if any, which gave	in woose length	ar curly	Vustre a	is Hezerec
rise to immediate cause (a), DUE TO				
lost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIL	BUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION	ON GIVEN IN PART 1(0)	19 WAS ALTOPSY PERFORMED?
NO IN CONTRACTOR CONTR				YES NO
200 ACCIDENT WAS UNDERLYING [] COR CONTRIBUTING [] CAUSE OF DEATH OF EXTREME NOTICE IN CONTRIBUTION []	205. DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in Part	l or Part II of item IB.)	
20c TIME OF INJURY Month, Day, Yeor	20d INJURY OCCURRED 20e PLAC	CF OF INJURY (Home, farm,	20f (City or town)	(County) (State)
Hour o.m. 19	While Not While factor	ary, street, affice bldg., etc.)		16
21. I certify that (I) (this haspital)		10-9-6619	tal	, 19, that (I) (we) las
saw the deceased alive an 12-	-11-6 6 19, and that	t death accurred at	M, from causes a	ind on the date stated above
22a. SIGNATURE	202	1:4	P.M.	22b DATE SIGNED
1220 (, C	M.E	D. ATTENDING MED DIRECT	CTOR PHYS.	12-16-1060
22c. PHYSICIAN'S	ILLEN	22d. ADDRESS	11-11	2 54
NAME (Type)	LLFN	66	- por the stop	24
30 BURIAL, CREMATION 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Tow	n) (County) (State)
REMOVAL (Specify) Burial 12/19-6			Annapolis	A.A.Co .id
24 FUNERAL DIRECTOR	ADDRESS	2So. REC'D BY	REGISTRAR 256 REG	STRATE'S SIGNATURE UNDER
C. bi Yes also 222 Ass		DATE DEC	21 1966	I Paris

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital ar attending physician.



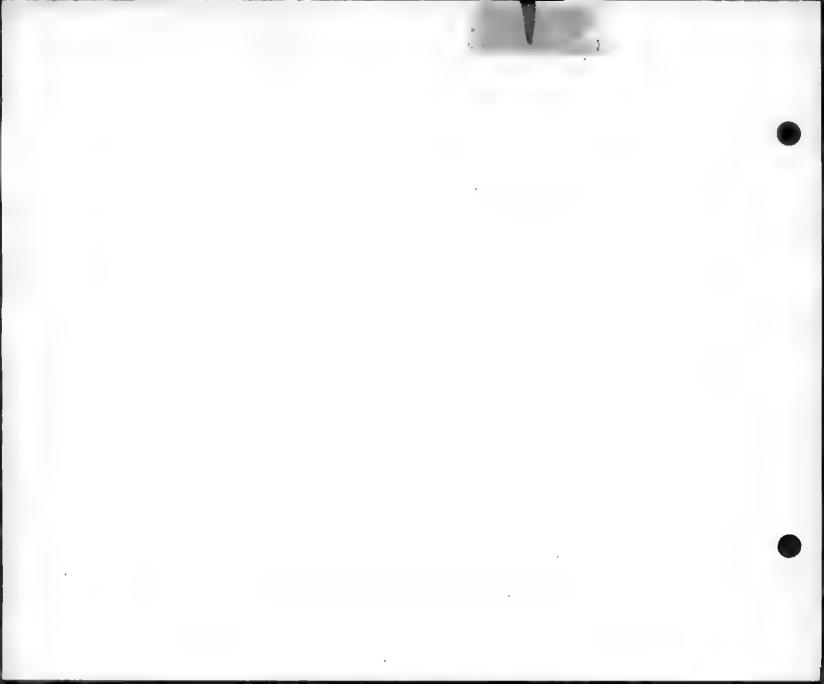
MARYLAND STATE DEPARTMENT OF HEALTH Division of S ISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16533 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. STATE o COUNTY Page Marvland Anne Arundel to Anne Arundel death MARYLAND delay Department b CITY OR TOWN (If outside corporate mits. t LENGTH OF STAY N 16 c CITY OR TOWN (If autside corparate in ts, write RURAL and a ve negrest town) and write RURAL and give negrest tawn) Annapolis Annapolis d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? form hours 2 Thompson Street 2 Thompson Street Pages NO X otel YES 24 hours ofter death 3 NAME OF 4 DATE First Middle Manth Dny 5 Last DECEASED the 15 DOROTHY HEFFORD December 66 within DEATH (Type or pnnt) AGE (In years S SEX FUNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED 8 DATE OF BIRTH NEVER MARRIED ast birthday) Female White W DOWED DIVORCED event Do USUAL OCCUPATION (Give kind of work done IDD KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) England any MIE word "pending" in pencil in the Chief Medical Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within = 프 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT (Yes, no, or unknown) (If yes give war or dates of service removol, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY
A CONSTRUCTION ONSET AND DEATH Asphyxia 50 IMMEDIATE CAUSE (a) the certificate, writing the word buriol, cremotion, DUE TO Conditions, if any, which gave (b) nse ta immediate couse (a) forworded to DUE TO 0 stating the underlying couse last PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? CERTIFICATION Acute Barbiturate Intoxication. pe 0 should be barbiturates. 2Da EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of in ury in Part 1 or Part 11 of Item 18) pr or 3 should PRIMARY LOS CONTR BUTING L EXAMINIR: Plastic bag wrapped about head following ingestion of/ CAUSE OF DEATH Health or its designoted ogent, 2Dd INJURY OCCURRED 20f (City or fawn) 2Dc T ME OF NJURY Month, Doy, Year 20e PLACE OF INJURY (Hame, farm, (County) (State) Hourstown While Not While factory, street, office bldg , etc )
Home FUNERAL DIRECTOR: Poge 13 1966 X Annapolis Anne Arundel Md. at work at work 21. I certify that I took charge of the remains-described obave, held an Autapsy & Inspection . Indutry and in my opin on the funeral director. death resulted from: Natural causes Suicide Undetermined manner Actident Hom cide {x CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED eth ASSISTANT MEDICAL EXAMINER SIGNATURE 12/15/66 DEPUTY MEDICAL EXAMINER moy Charles S. Petty Address (Street, city, tawn, or caunty) NAME (Type) DATE THEREOF BURIAL CREMATION NAME OF CEMETERY OR (REMATOR) (County) 0

REGISTRAR SUSTGNATURE

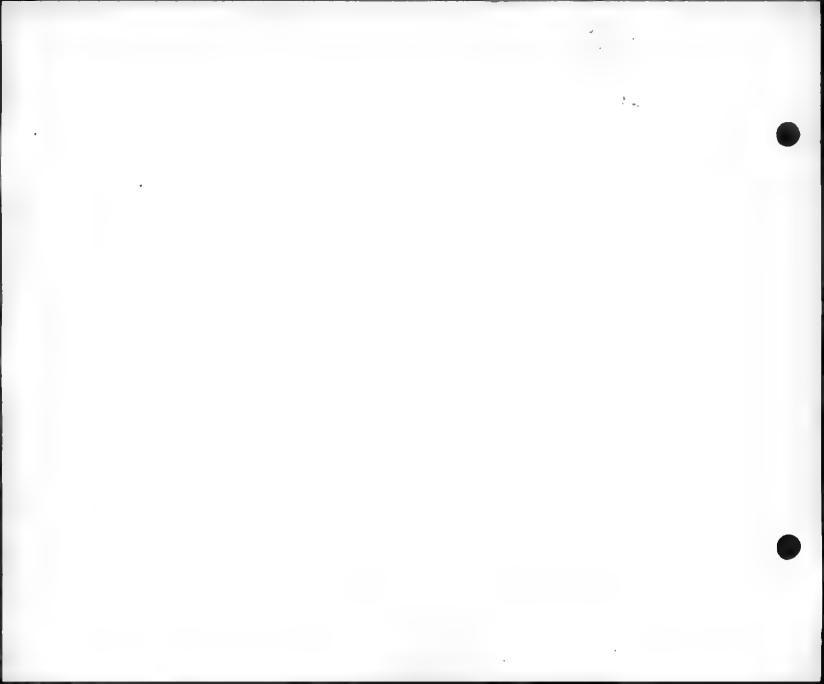
DATE

VR A15ME (5)

FUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16534 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o STATE o. CO.INTY b county Page 2 Anne Arundel Maryland Anne Arundel Department at death. MARYLAND b CITY OR TOWN (If outside corporate limits, write RURA, and give nearest tawn) c .FNGTH OF STAY N 1b c CITY OR TOWN (If outside corporate imits write RURAL and give nearest town) gud PM3. ofter ( Annapolis Annapolis d NAME OF HOSPITAL OR INSTITUTION (final in hospital, give street address) d STREET ADDRESS e IS RESIDENCE form hours ON A FARM? 2 Thompson Street 2 Thompson Street Item 18. Give Pages e State 72 hau NO X This certificate should be executed within 24 hours after death Office along with 3 NAME OF M ddle 4 DATE Frs1 Lost Month DECEASED the MAURICE HEFFORD December 66 within (Type or print) 19 DEATH with AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 8 DATE OF SIRTH 7 MARRIED NEVER MARRIED lost birthdoy) Months Dows Male 13,1914 White WIDOWED DIVORCED September event 100 USUAL OCCUPATION\_G ve kind of work done 10b K ND OF 8USINESS OR 12 C TIZEN OF WHAT NDUSTRY COUNTRY? NGINEER pencil In Tedical Examiner's 13 FATHER & NAME 14 MOTHER'S MAIDEN NAME FF ORD File WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC AL SECURITY NO INFORMANT (Yes no or unknown) (If yes give wor or dates of service removal, 098-32-4405 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY Asphyxia ö IMMEDIATE CAUSE (o) the word cremation, DUF TO Conditions, if any, which gove (b) rise to immediate couse (a), 2 DUE TO stoting the underlying couse o ie certif.cate, wr.ting † ™hould b≡ farwarded lost. burial PART I OTHER S GNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN N PART I(g) WAS AUTOPSY PERFORMED? CERTIF-CATION Barbiturate Intoxication. YES X 0 pe 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of niury in Part I or Port I of tem 18) prior 3 shauld PRIMARY XX or CONTR BUTING Overdose of barbiturate and enclosed self in mattress MEDICAL EXAMINER: CAUSE OF DEATH cover its designated agent, 20c TIME OF NURY Month, Doy Year 20d (NJURY OCCURRED 20e PLACE OF NJURY (Home, farm 20f (City or town) (County) (Stote) While foctory street, office b dg , etc ) FUNERAL DIRECTOR: Poge 1966 12/13Annapolis Anne Arundel Md. Polle of work of work please execute 21 I certify that I took charge of the remains described above, held an Autapsy Inspection lnau rv and n my opinion the funeral director death resulted fram Natural causes Actident Suicide |x| Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ett. SIGNATURE O DEPUTY 12/15/66 Health or DEPUTY MEDICAL EXAMINER **EXAMINER'S** Charles S. Petty NAME (Type) Address (Street, city, town, or county) **8UR AL. CREMATION** NAME OF CEMETERY OR CREMATORY LOCAT Oh (City or Town) (County) alStote) 0 REGISTRAR S'S GNATURE ADDRESS REC D 8Y REGISTRAR VR A15ME (5) N 6M 1766



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16535 CERTIFICATE OF DEATH I PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fived, if institution: Residence before admission) b. COUNTYAnne Arundel a. COUNTY Anne Arundel Maryland MARYLAND b CITY OR TOWN (If autside carporate imits. c LENGTH OF STAY IN 16 c CITY DR TOWN (If outside corparate limits, write RURAL and give necrest town) write RURAL and give nearest town? Glenburnie d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 8 IS RESIDENCE ON A FARM? 116 Point Pleasant Rd Knollwood Manor Nursing Home NO DE First Middle 4 DATE 3 NAME OF Last Month Day DECEASED 0F Amelia Heinzerling December 14 1966. (Type or print) DEATH AGE (In years S SEX 6 COLOR OR RACE NEVER MARRIED B DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED (Arbirthday) Months June 28,1879. Days Hours White Female DIVORCED | WIDOWED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or fareign country) 12 CITIZEN DE WHAT during mark of working life, even if retired) COUNTRY? USA Hospital Maryland 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Louise Schlemmer August Heinzerling 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) Mrs. Grace L. Blohm. 323 Stevenson Lane 3-32-5079 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gave rise to immediate couse (a). DUE TO stating the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE WAS AUTOPSY PERFORMED? TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 20a ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 3 20c TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (County) (State) Hour o.m. factory, street, affice blda., etc.) at work at work 19 & , that (1) (we) last to Dur 14

2). I certify that (I) (this haspital) attended the deceased from 5.2. saw the deceased alive an. 22a. SIGNATURE

DIRECTOR

22b. DATE SIGNED 12/14/66.

22c PHYSICIAN'S NAME (Type) 230 BURIAL CREMATION.

23b DATE THEREOF 12/19/66.

23c NAME OF CEMETERY OR CREMATORY Baltimore Cemetery

M.D

PHYS

22d. ADDRESS

23d. LOCATION (City/or Town) Baltimore, Md.

and that death accurred at 9 15 M, from causes and on the date stated above.

(County) (Stote)

24 FUNERAL DIRECTOR

ADDRESS Leonard J. Ruck, Inc. Balto. Md. 21214

-am son

2Sq REC'D BY REGISTRAR REGISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: 20 M 1/66

director, page 3 should should be filed with the

death

ve carbon popers Poges I event, within 72 hours after

funeral i and

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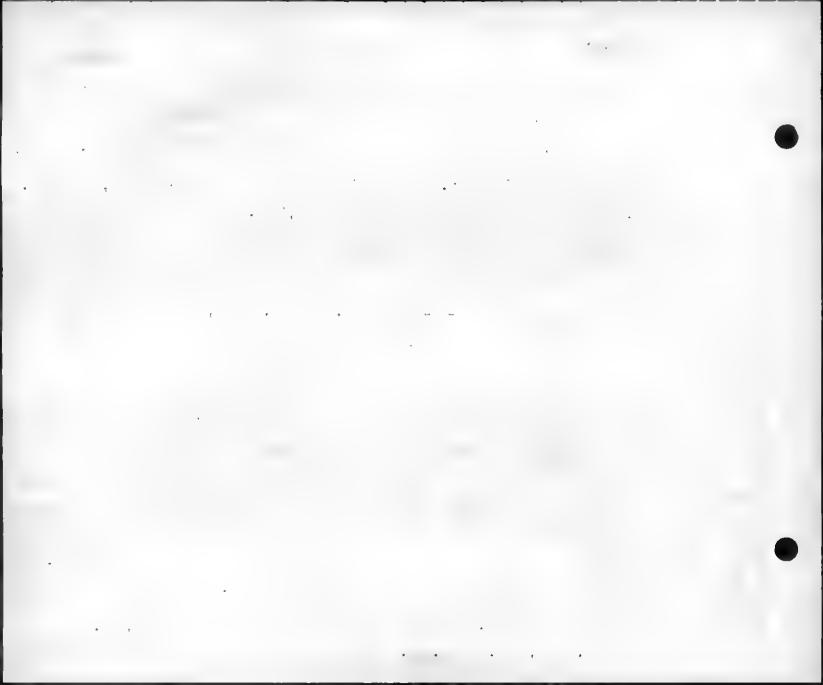
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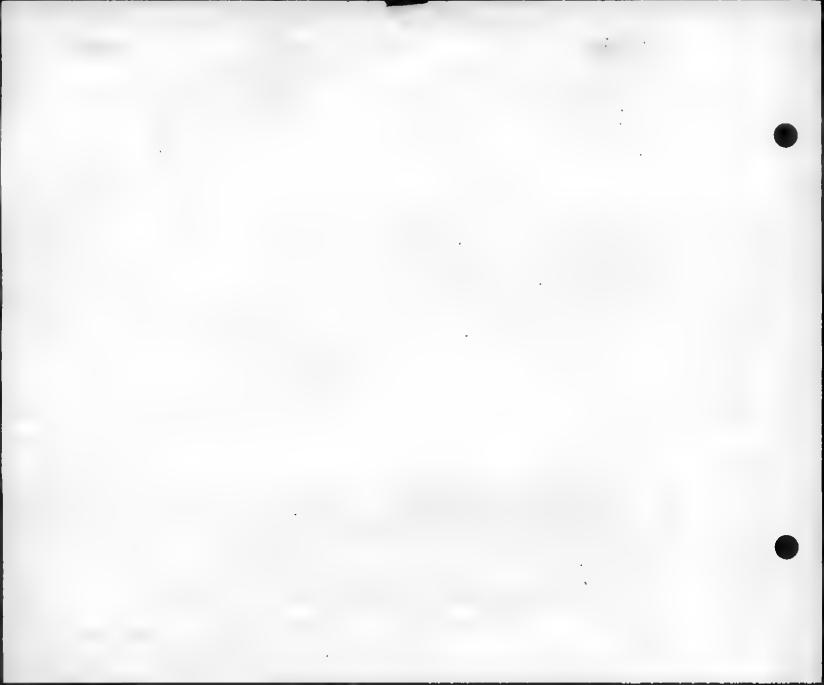
Page 4 may be retained by the hospital or attending

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PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16536 CERTIFICATE 0F funerol 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a COUNTY ANNE ARUNDEL b COUNTY HRUNDSL MARYLAND PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after papers. ruy. 72 hours afte b CITY OR TOWN (If autside carparate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RUBAL and give nearest tawn) HNNAPOLIS 5 mos. HNNAPOLIS d STREET ADDRESS IS RES DENCE ON A FARM? .= d. NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street address) event, within 72 201 MELVIN filled URSING & ENTER. NO T 4. DATE remove corbon 3. NAME OF Last Manth DECEASED OF DEATH HEISE ZDWARD 1)80. (Type or print) IF UNDER 1 YEAR 6 COLOR OR RACE AGE (In years IF UNDER 24 HRS S. SEX 7 MARRIED NEVER MARRIED DATE OF BIRTH last hirthday) Manths Days Haurs and in any ALLCASIAN DIVORCED WIDOWED 12 CITIZEN OF WHAT 10g LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPEACE (County & State, or foreign country) during most of working life, even if retured) INDUSTRY COUNTRY? GOVT. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removal. LEXANDER 16. SOCIAL SECURITY NO 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (If yes give war ar dates of service INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line fag(a), (b), and (c).) signed by the ONSET AND DEATH PART I. DEATH WAS CAUSED BY Carcentruck IMMEDIATE CAUSE (a) DUE TO buriol, Canditions, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause prior to last. 00 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X by the hospital or this certificate 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Manth, Day, Year 204 INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form (City or town) (County) (State) Hour a.m. factory, street, affice bldg., etc.) Nat While at wark at wark 21. I certify that (I) (this has ital) attended the deceased from be retoined and that death accurred at 1115 AM, from causes and an the date stated above. O FUNERAL DIRECTOR: saw the deceased alive on. 22b. DATE SIGNED 22a SIGNATURE **ATTENDING** DIRECTOR eq director, poge should be filed **ADDRESS** 22c. PHYSICIAN S Poge 4 may NAME (Type) 23b DATE THEREOF 23G-NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BJRIAL, CREMATION, (County) (State) 24 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 16537 funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased rived, if institution. Residence before admission) a. COUNTY b. COUNTY MARYLAND ve carban papers. Pages l event, within 72 haurs after, Pages the b CITY OR TOWN (If outside corporate mits, E LENGTH OF STAY IN 16 write RURAL and give negrest town) O NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM URSING YES T remove carban NAME OF DATE DECEASED OF 19 6 DEATH Type or print AGE ( n years IF LINDER 1 YEAR NEVER MARRIED 7. MARRIED and in any DIVORCED WIDOWED 100 USLAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State or foreign country) INDUSTRY **COUNTRY?** during most of working life, even if retired) 13. FATHER'S NAME signed by the attending probring the burial-transit permit. The burial, cremation, ar remains 0 H IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16, SOCIAL SECURITY NO. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DHF TO Conditions, if any, which gove F 1 17-6 rise to immediate couse (a), DUE TO stating the underlying couse as the prior to has been 19 WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? use NO this certificate b 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18) 20o ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER! 20c. TIME OF INJURY Month, Doy, Year 20e PLACE OF INJURY (Home, form, 20d INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) While Not While ot work TO FUNERAL DIRECTOR: After 1. C = ~ 19. L . ta ... 192. ( ) that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from 1 director, page 3 shauld shauld be filed with the 19 to and that death occurred of M, from causes and on the date stated above. saw the deceased alive on\_ 22b. DATE SIGNED 220 SIGNATURE M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY (Stote) BURIAL CREMATION DATE THEREOF LOCATION (City or, Town) (County) REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66

The law requires that the death certificate be executed within 24 hours ofter death Page 4 may be retained by the hospital or attending



MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmission) COUNTY by the and 2 death. ANNE ARUNDEL MARYLAND b. CITY OR TOWN (if outside corporate limits. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give neerest town? 5-FORT GEORGE G. MEADE DAYS GLEN BURNTE Pages filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospiter, give street eddress) d STREET ADDRESS IS RESIDENCE ON A FARM? KIMBROUGH ARMY HOSPITAL 718 COTTER ROAD YES NO X papers. n 72 ho 3. NAME OF Middle 4. DATE Month DECEASED (Type or print) FORREST LEONARD DEATH DECEMBER 9 19 66 within carbon 6 COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 9. AGE (In yeers HF UNDER I YEAR IF UNDER 24 HRS. and birthdey) Months MALE CAU April 1900 WIDOWED [ DIVORCED physician геттоме 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S. Army Ret'd serviceman USA etersbury 13. FATHER'S NAME MOTHER'S MAIDEN NAME please affending Lewis Humpries Humphries Alice (last name unknown) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT removal. (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) same as item #2 1916 - 31 Dec1946 213-28-1586 Mrs.Millicent permit. 18. CAUSE OF DEATH (Enter only one couse per line for (e), (b), end ic).) INTERVAL BETWEEN ò ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CARDIC ARREST 9 as been signed burial-transit po Ruptured Thocacic Aortic Aneurysm Conditions, if any, which geve rise to immediate ceuse **DUE TO** (a), stelling the underlying couse lest. . (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION S PENFORMED? NO 950 prior 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert t or Part II of itam 18.) ρ OR CONTRIBUTING TO CAUSE OF DEATH Health LIF EITHER, NOTIFY MEDICAL EXAMINER detached After 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, ! 20f. (City or lown) (State) (County) factory, street, office bldg., etc.) While Not While Ġ, at work a! work DIRECTOR: 21. | certify that K (this hospital) attended the deceased from 4 Dec 19.66 to 9 Dec 19.66, that (We) last saw the deceased alive on . 9. Dec ........... 19.66, and that death occurred ab.: 55M, from the causes and on the date stated above 228 SIGNATURE PHYS. DIRECTOR December PHYS. HOSPITAL FUNERAL with A 22c. PHYSICIAN'S 22d. ADDRESS NAME JEROLD W. SHAGRIN, CPT, MC KIMBROUGH ARMY HOSP FT GEO G MEADE, MD ector, 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State) 23a. BURIAL. CREMATION. 23b. DATE THEREOF REMOVAL (Specify) 0 = 3 Glen Haven Memorial Pk. Glen Burnie, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Home/ Slen Burnie. Md. 20M 5 63

## FOR STATE HEALTH DEPT.

cessary, le funeral may be rtment death. EXAMINER: This certificate should be executed within 24 hours after death. If any delay a certificate, writing the word "nending" in pencil in Item 18. Give Pages 1. 2. and 3. TO DEPUTY MED

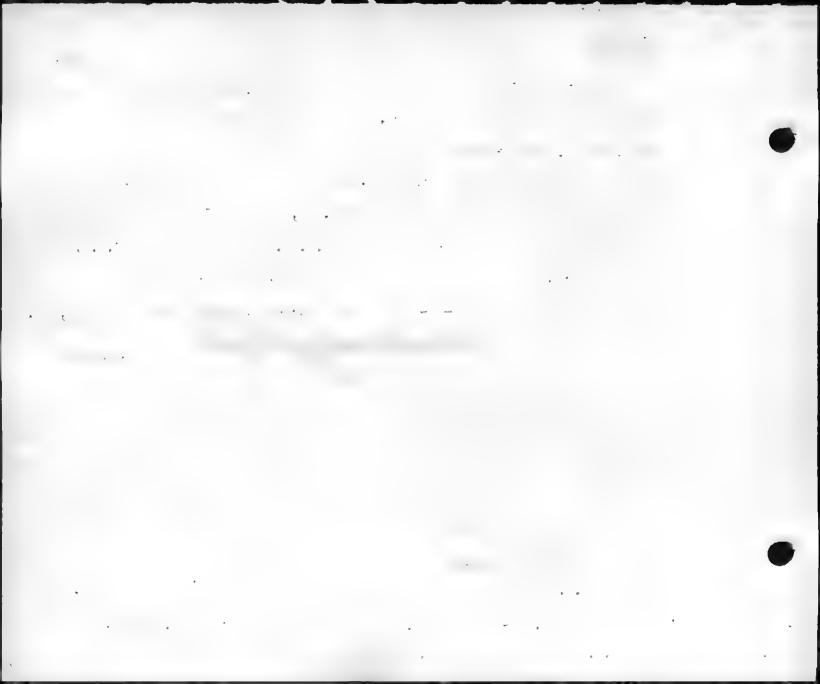
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Desire II	director. Page 4 should be forwarded to the Unier medical Examiner's Unice affold with full rims. rage 3 m retained for your files.	permit.	of Health or its designated agent, prior to burial, cremation, mr removal, and in any event within 72 hours after
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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1	16539	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH	1CP.to
1.	PLACE OF DEATH				(Where deceased lived, If inst	itution. Adsidence delore admission)
		ARUNDEL	MARYLAND	a. STATE	b. count	
	b. CITY OR TOWN (if outside write RURAL and give near	corporate limits,	C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	utsida corporate ilmits, wri	te RURAL and give nearest town)
	Annapelis		krs.	Amnape	•lis	621
	d. NAME OF HOSPITAL OR INS	TITUTION (if not in ho	spital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Anne Arendel Ger	aeral Hespi	tal	3 Pleasent	t Court	YES NO
3.	NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year
	(Type or print)	RY ELIZABET		UNT	-5-7	ber 23 19 66 IF UNDER 1 YEAR IF UNDER 24 HRS.
1	SEX 6. COLOR OF	r. martin	HEVER WARRIED	8. DATE OF BIRTH	last birthday)	Months   Days   Hours   Min.
	canale Negro	WIDOWED		Mar. 7, 190	te or foreign country)	12, CITIZEN OF WHAT
du	e. USUAL OCCUPATION (Give kind ring most of working life, even	of work done   100. Ki	DUSTRY		-	COUNTRY?
10	Demostic FATHER'S NAME		**************************************	A.A.G. Ma		U.S.A.
13		4.4.				
110	Themas Ducke		SOCIAL SECURITY NO. 17.	Elizabeth	Bailey Address	8
	es, no, or unkown) (If yes give war	or dates of service)				
=	18. CAUSE DF DEATH [Enter			LES HURT-3	Pleasent Geurt	Annapolis, Md.
	PART I. DEATH WAS CAU	ISED BY:	1 400	gree Queat	2.0	ONSET AND DEATH
	5/50.0		COTTON SACROST	January .	gen	Seelle,
	Conditions, If any, which \	DUE TO		1) 0	1	
	gave rise to immediate (	DUE TO				
	underlying cause last.	(c)				
No	PART II. OTHER SIGNIFICANT C		TING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN F	PART 1(a) 19. WAS AUTOPSY PERFORMED?
CERTIFICATION						YES NO
TIE	20a. EXTERNAL CAUSE WAS	G 🗆 20b. D	ESCRIBE HOW INJURY OCC	URRED. (Enter nature of I	injury in Part I or Part II of	Item 18.)
CE	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.					
MEDICAL	20c. TIME OF INJURY Mont Hour e.m.		facto	ACE OF INJURY (Home, fari ory, street, office bldg., etc		(County) (State)
MED	p.m.	19 While at work	Not While at work			
	21. I certify that I took	charge of the rem	ains described above, he	ld an Autopsy 🔲,	Inspection , Inqui	iry 📑 and in my opinion
	death resulted from:	Natural causes	, Accident , Su	icide 🔲, Homicido	e , Undetermined	таплет
	ACTUAL	1	01.	CHIEF MEDICAL		22. DATE SIGNED
	SIGNATURE	hundled	1.	M.D. ASSISTANT MEDI	L EXAMINER	. /
	EXAMINER'S E.G.L.	inhardt			city, town, or county)	12/73/66.
23	a. BURIAL, CREMATION ( 23b.	DATE THEREOF	23c. NAME OF CEMETER		23d. LOCATION (City, to	wn or county) (State)
E	urial Dec	e. 27-66	Brewer Hill		Amnapelis, M	aryland
2	FUNERAL DIRECTOR		ADDRESS		D BY REGISTRAR   256. RE	GISTRAR'S SIGNATURE
	C.E.Hicks	111 Annay	polis, Marylan	a DEC	1 1906 / 4	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16540 CERTIFICATE OF DEATH funerol 1 and dead 2. USUAL RESIDENCE (Where deceased lived if institution; Residence before admission) PLACE OF DEATH b. COUNTY o. COUNTY Maryland Anne Arundel Anne Arundel ve carbon popers. Poges 1 event, within 72 hours after MARYLAND CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corparate limits, write RURAL and give necrest town) b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Glen Burnie .⊑ d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? North Arundel Hospital P.O. Box 700 YES NO T 3 NAME OF Middle Lost 4 DATE Month remove carbon DECEASED OF DEATH Wallace W. Irons 12-Type or print) IF JNDER 24 HRS B DATE OF BIRTH AGE (In years JF JNDER 1 YEAR S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED lest-birthday) Male White DIVORCED 8-10-89 ond in any WIDOWED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT 10o JSJAL OCCUPATION (Give kind of work done during most of working life even if retired) F1EL CO. U COUNTRY? Point Pleasnt, N. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Irons Luara Flemino 16 SOCIAL SECURITY NO 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes na, ar unknown) (If yes give war or dates at service) 153-03-1469 Laura MacDonald - Same as # 2 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per time for (a) (b), and (c).) been signed by the s the burial-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: remia IMMEDIATE CAUSE (o) Poge 4 moy be retained by the hospital or attending physician. DUE TO burial, 1 Pyelonephritis. Chronic Conditions, if any, which gave rise to immediate couse (o), DUE TO stoting the underlying cause prior to as the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAND POLICE CARDIOVASCULAR Cholelithiasis; Gastric ulcer; Arteriosclerotic cardiovascular disease be detached for use Stote Dept. of Health NO F After this certificate I be detached for us 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of item 18) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (County) (Stote) Hour am factory, street, office bldg . etc.) 21. I certify that (I) (this haspital) attended the deceased fram BOV. 19 1966 to Dec. 14 19 66, that (I) (we) last saw the deceased alive on Dec. 15 1966, and that death accurred at 4:25 M, from causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** MED. DIRECTOR STAFF PHYS. Dec/ 15.1966 director, poge should be filed 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) Tolentino, M.D. Ernesto A. Glen Burnie. Md. 230 BURIAL, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)

2

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR

REMOVAL (Specify)

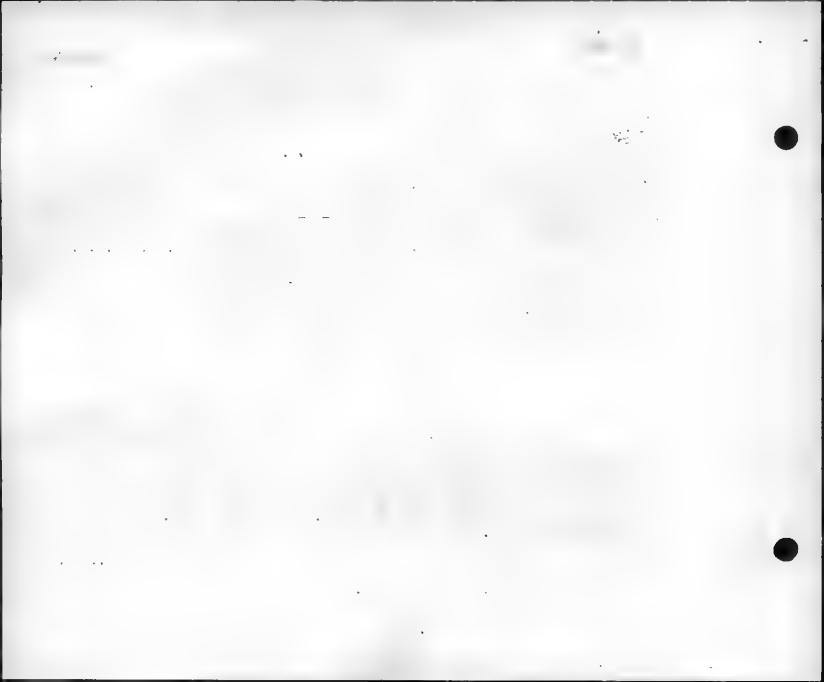
12/19/66

Catherine's Cemeterv

REC'D BY REGISTRAR

25b REGISTRAR'S SIGNATURE

Seacirt New Jersev



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

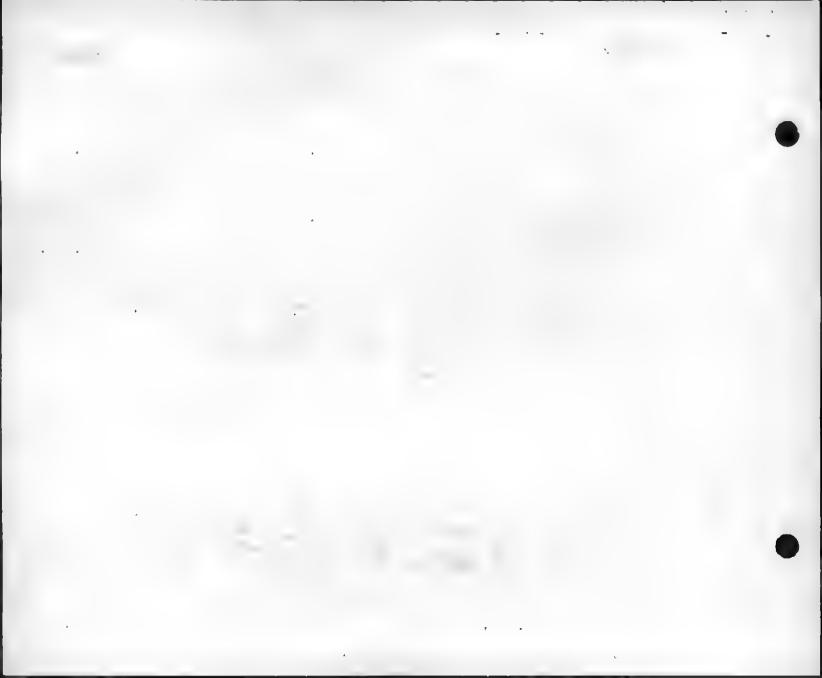
	,	16541	CERTIFICATE	OF DEATH		16549
i		LACE OF DEATH COUNTY ANNE ARUBOEL	a CTATC	Where deceased lived, if institution Re YLAND  **EXTENSION OF THE PROPERTY OF	esidence before odm ssion) ANNE ARUNDEL	
	E	CITY OR TOWN (If outside corporate imits, write CITRAL and gave record town)		rtside corporate limits, write RURAL on BURNIE	d give neorest town)	
J	d NAME OF HOSPITAL OR INSTITUTION (IF not in hospital, give street address)  NORTH ARUNDEL HOSPITAL			d STREET ADDRESS RT. #2 BOX	X 83 MARLEY CRE	e IS RESIDENCE ON A FARM? EK OR WES NO X
	. (	IAME OF First SECEASED Type or print) UILHELM	Middle INA	Lost ITTNER	4 DATE Month OF DEATH DECEMBE	Doy Year R 9 19 66
	5 5		CHERT HOUSE	EDATE OF BIRTH	last hirthday) Mon	NDER 1 YEAR   IF UNDER 24 HRS. oths Doys Hours Min
		USUAL OCCUPATION (Give kind of work done ng most of working 1,7e, even if retired) HOME MAKER	10b. KIND OF BUSINESS OR INDUSTRY  □ 山川 HOME	11 BIRTHPLACE (County MARYL		IZ. CITIZEN OF WHAT COUNTRY? U.S.A.
		FATHER'S NAME GEORGE SMI			E IMA ELERT	
	15 (Ye:	WAS DECEASED EVER IN U.S. ARMED FORCES? i, no, or unknown) (If yes give war ar dates of service)	16 SOCIAL SECURITY NO 17. II 217/01/37950 E	MMA V. THAI	Address LBERG SAME AS	# 2
		18 CAUSE OF DEATH (Enter only one couse per l PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (a) (b), ond (c))	In Heat	Calm	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gove rise to immediate couse (a), storing the underlying couse last.	<u> </u>			
	FICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBU				19 WAS AUTOPSY PERFORMED? YES NO X
	CERT	OR CONTRIBUTING CECAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED. (			
	MEDICAL		While of work of work focts	E OF INJURY (Home, form ory, street, office bldg., etc.)		(County) (State)
		21. I certify that (I) (this haspital) saw the deceased alive an	attended the deceased fram 3 19 4, and that	t death accurred at	12-13 (M, fram couses and	an the date stated above  2b. DATE SIGNED / , , ,
		220. SIGNATURE  221. PHYSICIAN'S NAME (Type)	Jaco M MI	ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR PHYS.	1 V 9 be
	230.	BURIAL (REMATION, 23b DATE THEREOF	23c. NAME OF CEMETERY OR O		23d. LOCATION (City or Town)	(County) (Stote)
1	24.	FUNERAL DIRECTOR  R. V. SINGLETON	ADDRESS  GLEN BURNIE, MO.			ARE SIGNATURE Judge

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death.

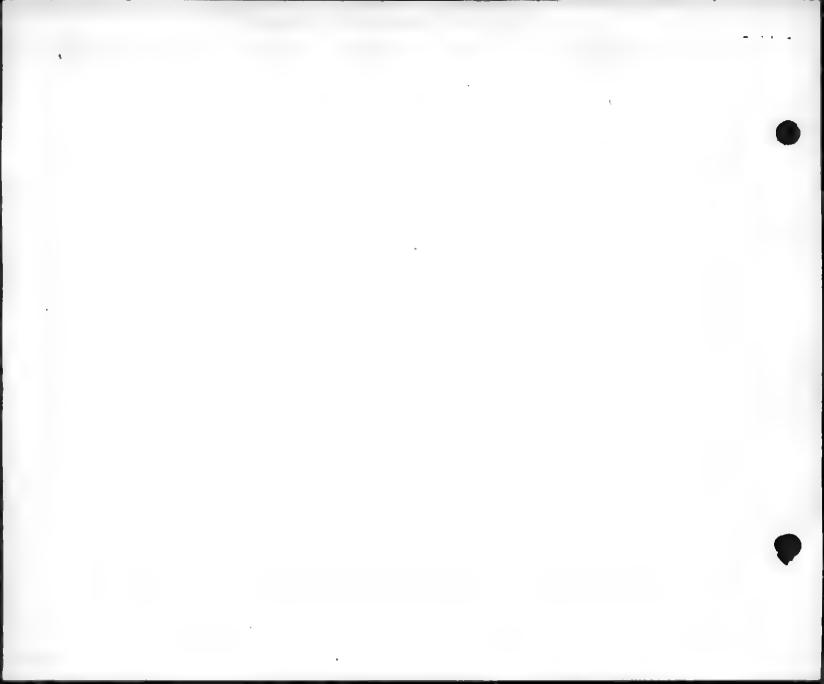
Page 4 may be retained by the haspital ar attending physician.

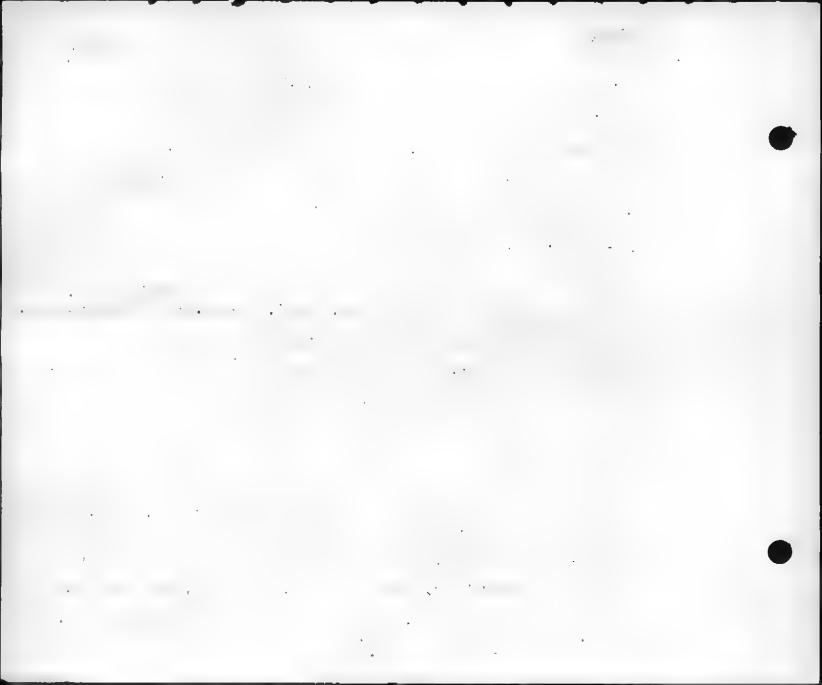
VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages I and shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval and you seent, within 72 hours after deaft



Items 18-21 File 3°5 2-1-Maryland State DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16542 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. COUNTY o. STATE P.M.3. Page oţ and 3 to death. Anne Arundel Maryland Anne Arundel MARYLAND deloy i Deportment b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY N 16 c CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) ofter ( Severn Glen Burnie d. NAME OF HOSPITAL OR INSTLIUTION (if not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? hours farm n Item 18 Give Pages 1, Box 52, Disney Road Stote [ North Arundel Hospital YES NO K along with 3 NAME OF 4 DATE M. ddla Lost Month w thin 72 (Type or print) BERNOD OF DEATH the the **JACKSON** December 19 66 × th S SEX B DATE OF BIRTH IF UNDER 1 YFAR IF LINDER 24 HRS 6. COLOR OR RACE AGE (In years 7 MARRIED NEVER MARRIED last b rthday) 4/9/1935 White Male WIDOWED D VORCED event lond 2 10o. USUA, OCC. PATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or fore an country) 12 CIT ZEN OF WHAT during most of working life even (setired) Gay Sta. O.NEY?A. Odenton, Maryband ony THE 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME This certificate should be executed within Xom Mabel Haines Lening Jackson IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO Address (Yes, no arunknown) Ittle yes give wor or dates at service) removal, 9 permit, 212-34-1406 Thelma Smith- 305 Phelps Ave.GlenBurnie the Chief Med TB CAUSE OF DEATH (Enter only one cause per ine for (o), (b) and , ) PART I DEATH WAS CAUSED BY NTERVAL BETWEEN burrol-transit ONSET AND DEATH Septicemia 0 IMMEDIATE CAUSE (a) \_ the certificate, writing the word buriol, cremation, DUE TO Intra and Retroperitoneal infection Conditions if only, which gove rise to immediate cause (a), forworded to DUE TO stoting the underlying couse 0 Rupture of duolenum 9 nsed ( PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS ALTOPSY CERTIFICATION PERFORMED? YES X NO ogent, prior to should be 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port , or Port 1 of item 18) 3 should PRIMARY Programme CONTRIBUTING AL EXAMINER: Driver of auto into fixed object CAUSE OF DEATH 20c TIME OF NURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form) 20f (City or fown) (Stote) factory, street, office bldg , etc.) Not While may be retoined for your FUNERAL DIRECTOR: Poge of work Cienton Anne Arundel Md. PUTK 12/ 21 19 66 of work □ designated 21. I certify that I taak charge of the remains described above, held an Autapsy (X), Inspection . Inquiry . ond in my opinian the funeral director. Notural causes . death resulted from Accident X Homicide Saicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MED CA. EXAMINER SIGNATURE. DEPLTY MEDICAL EXAMINER ö 12/30/66 **EXAMINER'S** Charles S. Petty 5 may 10 FUNE NAME (Type) Address (Street, city, town, or county) 230 BURIAL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) BU PEMOYA (Specify) 1/3/67 Glen Haven Memorial Pk. | Glen Burnie, Maryland 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR VR A15ME (5) JAN 1967 Glen Burnie. Md. DATE 6M 1766





ADDRESS

Health the 9

BURIAL CREMATION

24. FUNERAL DIRECTOR

236 DATE THEREOF

Address (Street, city, town, or county) 23d. LOCATION (City or Town) Z3c NAME OF CEMETERY OR CREMATORY (County) (State) 2Sq RECD BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE DEC 2 2

IS RESIDENCE ON A FARM?

Year

19 66

F UNDER 24 HRS

NO

YES

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED?

and in my apinion

22. DATE SIGNED

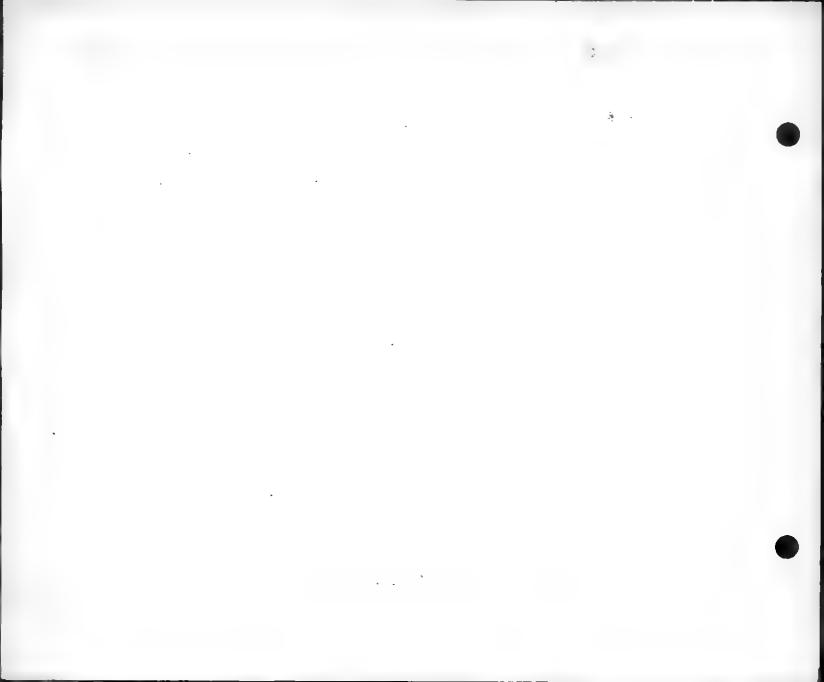
NO

(State)

YES X

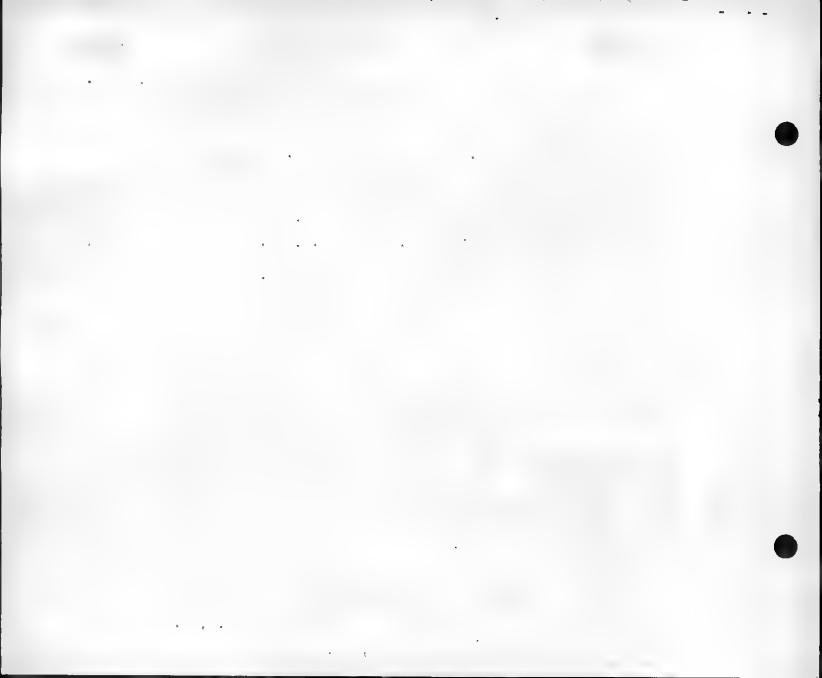
Doy

8,



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 21 16545 OF DEATH requires that the death certificate be executed within 24 hours after death. ond ( 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) ond completely filled in by the funeral remove corbon papers Pages 1 ond 1. PLACE OF DEATH b. COUNTY o. COUNTY o SWaruland AMMME Anne Arundel lease remove corbon papers Pages 1 and in any event, within 72 hours after MARYLAND b CTY OR TOWN (If autside carporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate smits write RURAL and give nearest town) write RURAL and give nearest town) Glen Aurnie l mo Severn IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspita, give street address) d. STREET ADDRESS YES NO 2 Rox 150 North Arundel Hosp 3. NAME OF Middle 4 DATE Year DECEASED DEATH (Type or print) THOMAS SELBY JEFFREY S SEX 9. AGE ( n years IF UNDER 1 YEAR 6 COLOR OR RACE B. DATE OF BIRTH 7 MARRIED **NEVER MARRIED** lost birthday) Months Hours WIDOWED DIVORCED Jan. 1897 White Male 11, BIRTHPLACE (County & State, or foreign country) CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR during mast of wesking life, even if retired) COUNTRYA leose physicion A.A. Co. Maryland 13. FATHER'S NAME 14. MOTHER S MAIDEN NAME Then Enos Jeffrey Clara H. Hood signed by the ottending p burial-transit permit. The burial, cremation, or remo 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, ag or unknown) (If yes give war or dates af service 8-36-5590 Emory Downs, Same as INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Page 4 may be retained by the hospitol or ottending physician. DUE TO Conditions, if any, which gave nse ta immediate cause (a) DUE TO stating the underlying cause etached for use as the Dept. of Health prior to has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? CFRTIFICATION NO TO FUNIRAL DIRECTUR: After this certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form 20f. (City or fown) (County) 20c TIME OF INJURY Month, Dov. Year Haur o.m. factory, street, office blda., etc.) Not While at work 21. I certify that (1) (this hospital) attended the deceased fram 11.0. 2007 19 66, to Der over 80, 19 66, that (1) (we) lost director, page 3 should should be filed with the 9 19 60, and that death occurred at XPM, from causes and an the date stated above. saw the deceased alive an Docortes 22b. DATE SIGNED 220. SIGNATURE STAFF PHYS. M.D. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 12/12/66 Friendship Cemeterv Maryland Auria A.Co. 25o. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Home/Glen Burnie, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

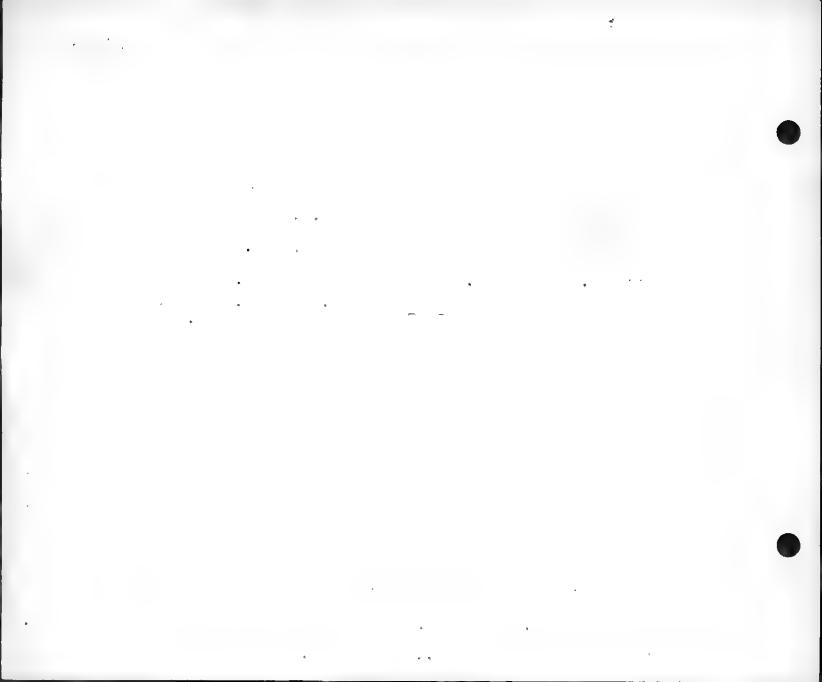


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16546 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased I ved if institution Residence before admission) COUNTY o. STATE /h county ince Ceorge , 2, anu , n PM3. Page 5 death. Anne Arundel County Maryland MARYLAND delay ate Department c. CITY OR TOWN (If outside carparate limits, write RURA) and give nearest tawn) b CITY OR TOWN (if outside corporate limits, C LENGTH OF STAY N 16 write RURAL and give negrest tawn) Laurel e IS RESIDENCE ON A FARM? d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 18. Give Pages 1, 2 along with farm haurs Box 1460, North Arundel General Hospital Route NO 24 hours after death 3. NAME OF 4 DATE Month Š within 72 DECEASED OF DEATH with the (Type or print) GEORGE JENKINS, Jr. 12 20 19 66 Robert. S SEX IF UNDER I YEAR IF UNDER 24 HRS AGE (In years 6 COLOR OR RACE 7 MARRIED B DATE OF BIRTH NEVER MARRIED last birthday) Months Haurs WIDOWED White DIVORCED Nov.5,1933 Male Office event 10a JSUAL OCCUPAT ON (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 C TIZEN OF WHAT during most of working life even fretired) **NDUSTRY** USA COUNTRY? Construction Wash., D.C. Carpenter 13. FATHER'S NAME This certificate should be executed within pencil Ξ Lillian M. Tippett pub George R. Jenkins Sr. Mrs.George R.Jenkins, Rt. 1, Box 279 IS WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO Chief Medical (Yes, na, ar unknown) (If yes give war ar dates of service) remayal, Charlotte Hall, Md. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Crushing Injury of Chest ä se certificate, writing the ward should be farwarded ta the Ct crematian, DUE TO Canditians, if any, which gave (b) rise ta immediate cause (a), DUE TO stating the underlying cause 0 burial, PART I OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPS: PERFORMED? YES 3 ргнаг та 20a EXTERNAL CAUSE WAS PRIMARY 1 or CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Part I af Item 18) N. Bound lane of Rt. 3 O DEPUTY MEDICAL EXAMINER: CAUSE OF DEATH Auto-auto Accident Deceased was Driver agent, 20e PLACE OF INJURY (Hame, farm, (City or town) 20c TIME OF INJURY Month Day, Year HOLF : foctory, street, office bldg etc.) at wark 1966 10:50 pm 12 20 at wark Street Anne Arundel Md. its designated 21. I certify that I took charge of the remains described above held an Autopsy Inspection . Inquiry [ ]. and in my apinian the funeral directar. Accident X Suicide death resulted from Natural couses . Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Health ar i DEPUTY MEDICAL EXAMINER **EXAMINER'S** 12/21/66 Rudiger Breitenecker, M.D. NAME (Type) Address (Street, city, town or county) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23g BURIAL CREMATION. (County) Burial (Specify) Newport Charles Co. . Md. Dec. 23, 1966 St. Mary's Cemetery 25a REC D BY REGISTRAR 256. REGISTRAR S SIGNATURE 24 EUNERAL DIRECTOR

Arehart Funeral Home Inc., La Plata, Md.

DATEC

VR A15ME (5)



death. Page 4. Trending PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 4. Trops. After this certificate has been signed by the attending physician and completely remained by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. The should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, withing hours after death. 10 F VR A15 ,41

15M 7/61

MARYL	AND STATE DEPARTM	ENT OF HEALTH	
PINISION OF STATISTICAL RESEAR	CH AND RECORDS, 301 W.	PRESTON STREET, BALTIMO	RE 1, MARYLAND
10041	CERTIFICATE OF D	EATH	4.000 8.00

[ ]		
/	1. PLACE OF DEATH	2. USUAL REGIDENCE Phero decessed lived, if institution Regidence before adhission) e. STATE b. COUNTY
	MARYLAND MARYLAND	2/1/24 - 1/1/45 -
	b. OTY OR TOWN (if outside corporate limits, 5 c. LENGTH OF STAY IN 16	c. CITI OK TOWN (If outside corporete limits, write RURAL and give neerest town)
		(1111/101) HE
	d. NAME OF HOSP TAL OR INSTITUTION (et noi in hospite, g ve street eddress)	d. STREET ADDRESS
	1033/11pot xt	1933 11102 ST. YES IN NO M
	3. NAME OF Full Middle	Last 4. DATE Month Day Yeer
	CA The LA	M/ OF 1966
1	[Type or print] OLLM 4CTM (Q	
	5. SEX 6. CONOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH  9. AGE (In years   IF JNDER 1 YEAR   IF UNDER 24 HRS.    Institute   Institute   If JNDER 1 YEAR   IF UNDER 24 HRS.    Institute   Institute   If JNDER 1 YEAR   IF UNDER 24 HRS.    Institute   Institute   If JNDER 1 YEAR   IF UNDER 24 HRS.
	Temale ( WIDOWED ) DIVORCED /	1-25-1092 1540
	196 USUAL OCCUPATION (G.vs kind of work 10b. KIND OF BUSINESS OR INDUS® dong guring most of working life, even if retired)	TI DIRTHP, ACE, County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	HAMBENTILE	11/1/2 (11) A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	X MM1110V. X MARGON	41001000 (MONDONIER
	15. WAS DECEASED EVER IN L.S. ARMED FORCES? 16. SOCIAL SEGURITY NO. 17. 1	NFORMANT Address
	(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	a for a Barrelling ( Annio 11)
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b) end (c).]	WILL CE CALL CONTRACTOR CONTRACTO
	PART I DEATH WAS CAUSED BY.	ONSET AND DEATH
	IMMEDIATE CAUSE (a) Carcinoma of the C	olon   1 year _
	153, 8 DUE TO	
	Conditions, if eny, which (b)	_
	geve rise to immediate cause   DUE TO	
	cause lest. (c)	
	PART I . OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1181 19. WAS AUTOPSY PERFORMED?
)	PART I OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO BEATH BUT NO  OF CONTRIBUTING TO BEATH BUT NO	YES NO
	E 200 ACC DENT WAS UNDERLYING []   206. DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in Pert I or Pert II of Item 18.)
	OR CONTRIBUTING [] CAUSE OF DEATH     OF CONTRIBUTING [] CAUSE OF DEATH   OF CONTRIBUTING [] CAUSE OF DEATH	
	20c. TIME OF INJURY Month, Dey, Yeer   20d. INJURY OCCURRED 20c. P.A	CE OF INJURY (Home, ferm, 20f. (City or lown) (County) (State,
	at work at work	ory, street, office bidg., etc.)
		November 10 At 1 Dec 28 1066 11 (D) ( ) (1)
	21. 1 certify that (I) (this hospital) attended the deceased from.	
		death occured at.pM, from the causes and on the date stated above.
	22al SIGNATURE	ATTENDING MED. STAFF
	M Telesar Egn	
,	22c CHYSICIAN'S NAME (Type)	22d. ADDRESS
/	R. L. KICHARDSUN, M.D.	110 Clay St., Annapolis, Md., 21401
	230. BURIAL, CREMATION, 1236 DATE THEREOF 230. NAME OF CEMETERY	OR CREMATORY PRIOR LOCATION (City, town or county) : (1) (3)
	13/11/08 12-31-66 BALLIN	emilland applica
Δ	24, FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 125b. REGISTRAR'S SIGNATURE
W	Mullam Ressett Mounton	DATE DEU 29 1300
2/	The state of the s	

funeral and 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, of removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
16548
CERTIFICATE OF DEATH
16540

	16548	S OF STATISTI	one neoi	CERTI	FICATI	E OF DEATH		, DALITHOI	165	49
1.	PLACE OF DEATH	Н				2. USUAL RESIDENC	E (Where decea			ence before admission)
		nn Arundel		MA	RYLAND	a. STATE	vland	b. COUNT	1. 1370	11-
	b. CITY DR TDW write RURAL	N (if outside corpora and give nearest to	ite (Imits, vn)	c. LENGTH OF ST		c. CITY DR TOWN (IF		rate limits, writ	e RURAL and	give nearest town)
L	G	len Brunie		1 Year			n Burni	e		1 - 1
	d. NAME OF HOS	SPITAL OR INSTITUTI	DN (if not in	hospitai, give stree	t address)	d. STREET ADORESS				e. IS RESIDENCE ON A FARM?
		th Arundel		7		407 01d Sta	~		·	YES NO X
3.	NAME DF DECEASED	F	Irst	Middle		Last	4. DATE OF	Month	(	Day Year
_	(Type or print)	Floss		Α.	Jone		DEATH	Dec.	26,	19 66
5.	SEX	6. CDLOR OR RACE	7. MARRIE	D NEVER MARK	RIED	. OATE OF BIRTH	9.	AGE (In years   I last birthday)	FUNDER 1 YE	AR IF UNDER 24 HRS.
_	Female	White	MIOOMER	- Alband		July8, 1898	6	8 yrs.		
10 du	a. USUAL OCCUPAT ring most of work	ION (Give kind of work ing life, even if retire	done 10b.	KIND OF BUSINESS INDUSTRY	OR	11. BIRT HPLACE (C	ounty & State, e	r foreign country)	COUN	
	House					Balto. Md			U.	S. A.
13	. FATHER'S NAM	Ē				14. MOTHER'S MAIL	DEN NAME			
	Christ	opher Ebenh	ack			Eleanor ?				
13	WAS DECEASED	EVER IN U.S. ARMEOF	ORCES? 16	. SOCIAL SECURITY	NO. 17.	INFORMANT		Addres	Glen Bu	rnie, Md.
10	No.	(11 les dise was on naves	gi service)		Mrs	. John E. Os	terman			
	1 18. CAUSE OF	DEATH [Enter only or	ne cause per	line for (a), (b), and	, , , , , , , , , , , , , , , , , , , ,	Vi			i II	NTERVAL BETWEEN
	PART I. OF	EATH WAS CAUSED B	(:	(DA.	441	Tront	Ris		(	NSET AND DEATH
		IMMEDIATE CAUSE	(a)	The row	209	1 to ONE PICE				
	1000 1	OUE	TO			1				
	Conditions, If		(b)		- 1					
	cause (a), s	tating the OUL	TD							
	underlying caus		(c)		The same of the same of				MOTION 1:	19. WAS AUTDPSY
101	PART II. OTHERS	SIGNIFICANT CONDITI	ONS CONTRIC	SUTING TO DEATH BU	JINOTRELA	TEO TO THE TERMINAL O	JISEASE CUND	ITTOM GIVEN IN F	ARTI(a)	PERFORMED?
ISE I				fle	apel	ls.			1	YES ND D
CERTIFICATION	2Da. ACCIDENT DR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING TING CAUSE OF DEATHER MEDICAL EXAM	TH INER)	DESCRIBE HOW IN	UURY OCCU	RRED. (Enter nature of	f injury in Par	t i or Part II of	item 18.)	
정		INJURY Month, Day,	Year   2Dd.	INJURY OCCURRED	20e, PLA	CE OF INJURY (Home, fa ry, street, office bldg., e	arm, 2Df. (0	city or town)	(County	(State)
MEDICAL	Hour a.i		Whii at wo	e Not While rk at work	] 13010	ry, street, oilice tidg., e				
	21. I certif	fy that (I) (this hos	pital) atten	ded/the decease	d from	14-614-1	9 to	16/6	196,6	that (I) (we) last
		ceased alive on	6 67	19		death occurred at	M, from	m the causes a		date stated above.
	22a. SIGNATU	RE (/	1	}				07455	22h. DATE	SIGNED
П	(00	N D	muly		M.E	PHYS.	MEO. OIRECTOR	STAFF HYS.	102	-8/06
	22c. PHYSICIA NAME (T	AN'S AAR	24	8. 416	BEL	22d. Appress	5	Chr	den	avi
23	a. BURIAL, CREM	MATION, 23b. DATE	THEREOF	23c. NAME OF	CEMETERY	OR CREMATORY	23d. L00	CATION (City, to	wn or county	(State)
	Burial (Sp	Dec. 29	, 1966	Balto.	Nat. C			o. Md.		
2	4. FUNERAL DIRI			AOORESS		25a. RE	C'D BY REGIS	TRAR   25b. RE	GISTRAR'S S	
	G. Truman	Schwab 351	2 Fred	erick Ave.	Balto		0 0 101	.5	1	12

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16549

FOR STATE HEALTH DEPT.

delay is

pencil in Item 18. Give Pages 1, 2, and 3 to

This certificate should be executed within 24 hours after death. If

Ξ

"pending"

necessary, please execute the certificate, writing the ward

TO DEPUTY MED. AL EXAMINER:

the funeral director. Page 4 shauld be farwarded to the Chief Medical Expaniner's Office along with form PM3. Page 5 may be retained for your files.

burial-transit permit FHE

Hmatth or its dissignated agent, prior to lluvial, cremation, ar remayal, and

pages lan#2 with thm State Department of n any event within 72 Mours after peath.

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

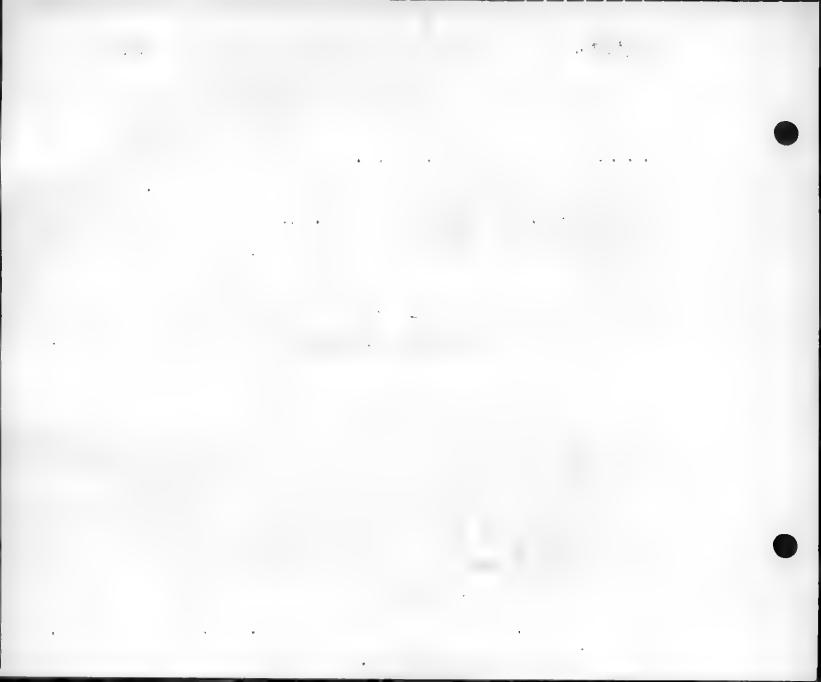
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2000		PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institut	
	(	o. COUNTY Anne Arundel	MARYLAND	o. STATE b. COU	nne Arundel
3		b CITY OR TOWN (If outside corporate limits	C LENGTH OF STAY IN 16	c C TY OR TOWN (If outside corporate limits, write RU	
		write RURAL and give nearest town) Rural - Gambrills		C	11-1
		d NAME OF HOSP TAL OR INSTITUTION ( f not in	n hospito in verstreet oddress)	Gambrilla  d STREET ADDRESS	e IS RES DENCE
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	10o	JSUAL OCCUPAT ON (Give kind of work done	10b. KIND OF BUS NESS OR	II. BIRTHPLACE (State or fore gn country)	12 CITIZEN OF WHAT
	duri	ing most of working life, even if retired) housewife	INDUSTRY	Cincinnati, Ohio	COUNTRY?
	13.	FATHER S NAME		14 MOTHER'S MAIDEN NAME	USA
		John Carlton		N - 114 - Possess	
		. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO 17 II	Nellie Emery NFORMANT Addr	PSS
		es, no, or unknown) (If yes give wor or dotes of s	ervice)		
		no		dy Jones-husband same as	
		18. CAUSE OF DEATH (Enter only one couse PART   DEATH WAS CAUSED BY:	18- 11.		ONSET AND DEATH
		I // IMMEDIATE CAUSE (o)	Cardine Clas	MR	Mudle
		J. J. Y. Y. DUE TO			7
		Conditions, if ony, which gove (b)			
		stoting the underlying couse DUE TO			
	- 1	lost. (c)			
	-	PART II OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY
	CERTIFICATION				VES NO PERFORMEDS
	E	200 EXTERNAL CAUSE WAS	20h DESCRIBE HOW INJURY OCCURRED /	(Enter nature of nipry in Port I or Port II of item 18.)	
	8	PRIMARY Tor CONTRIBUTING TO CAUSE OF DEATH.			
		20c T ME OF INJURY Month, Day, Year	20d NJURY OCCURRED 20e PLAC	CE OF INJURY (Home, form, 20f (City or town)	(County) (Stote)
	MED CAL	Haur o.m.		ory, street, office bldg., etc.)	(Store)
		p.m 19	ot work at work		
		. / / / /	of the remoins described above, hel	ld an Autapsy 🔲, 🛮 Inspection 🗗, 🔻 Inqi	urry 🗂 , and in my apinian
		aeath resulted from Noveral	causes 💋 , Accident 🔲, Suici	ide 🔲, - Hamicide 🔲, - Undetermined m	anner
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0		EXAMINER'S	1 / /	DEPUTY MED CAL EXAMINER	1/1/6
$\times$		NAME (Type)	LINHAROFT	Address (Street, city, town, or county)	12/11/66
	230	BURIA CREMATION, 23b DATE THERE	OF 23c NAME OF CEMETERY OR C	CREMATORY 23d LOCATION (City of To	wn) (County) (State)
		REMOVA: (Specify) Burial Dec. 19	1966 Arlington Na	ational dem. Ft. Myer	Un
	背	TO A FORM DIDECTOR	ADDRESS	250 REC'D BY REGISTRAR 25b RI	GISTRARIS SIGNATURE
		CODDING FINES THOSE	Lettery & The	DATE DEC 23 1856	maries gray

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5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16550 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) PLACE OF DEATH b. COUNTY Prince George o. COUNTY Maryland Anne Arundel MARYLAND b CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate firmits, write RURAL and give neatest tawn) W 66 diana e Bez Ch Beltsville 10 days d, STREET ADDRESS B IS RESIDENCE ON A FARM2 d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 4616 Blackwood Road NO 4 DATE 3 NAME OF Middle Last Month Year FRED 19 66 DECEASED H. JONES December (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR S. SEX 6 COLOR OR RACE 8. DATE OF BIRTH IF UNDER 24 HRS 7 MARRIED **NEVER MARRIED** loptopirthdoy) Manths Hours Sept. 3, 1888 WHITE MALE WIDOWED DIVORCED 10o JSUAL OCCUPATION (Give kind of work done 11. BIRTHPEACE (County & State, or foreign country) 12 CITIZEN OF WHAT 106 KIND OF BUSINESS OR U COSNIRA? HUERTHE (NOT OF ELECTION) Naw Yard PENNSYLVANIA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Milford Jones Clentoni Fulton 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes no or unknown) (If yes give war or dates of service) 577 36 5050 Thomas E. Jones Sr. Same as #2 (son) INTERVAL BETWEEN IB CAUSE OF DEATH (Enter on y one cause per line far (o), (b), ond (c).)
PART I DEATH WAS CAUSED BY. ONSET AND DEATH Vascular IMMEDIATE CAUSE (a) Artehio-Selenniis Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO R 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Nat While at work at work 21. I certify that (1) (this hospital) attended the deceosed from 1963 to 14007 1966 that (1) (we) lost sow the deceased alive an 14 oct 1966, and that death occurred at M, fram causes and an the dote stated abave. 220 SIGNATURE 22b. DATE SIGNED MED. DIRECTOR ATTENDING M.D. 22c. PHYSICIAN S 22d. ADDRESS Thomas M Hutchins 315 Landover Rd. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL CREMATION 23b. DATE THEREOF (State) (County) Suitland 10/12/66 Cedar Hill P.G. Md. B UTPOTAN Specify) ADDRESS 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR

Francis Gasch's Sons Hyattsville, Md.

PHYSICIAN: The law requires that the death certificate be executed within 24 hours after signed by the ottending phy burial-tronsit permit. Then burial, crematian, or removo by the hospital or ottenting phyticion. ed for use as the L of Health prior to b O FUNERAL DIRECTOR: After this certificate has been director, page 3 should should be filed with the

funeral

completely filled in



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16551 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT: PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, it institution. Residence before admission) p. COUNTY Page delay is Department∙of Anne Arundel MARYLAND Marvland Anne Arundel deát b CITY OR TOWN (It outside corporate ,mits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) Severna Park d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? form haurs e State [ 72 þaur 8 Give Pages Box 31 North Arundel General Hospital YES NO 24 hours after death 3. NAME OF 4 DATE Lost Month DECEASED 10 12 19 66 LILLIAN JONES. within (Type or pnnt) DEATH S. SEX 6 COLOR OR RACE 8 DATE OF BIRTH F UNDER 1 YEAR IF UNDER 24 HRS 7 MARRED F 9 AGE (In years NEVER MARRIED ost, by thdoy) Hours Female Negro MIDOWED DIVORCED 3-19-1923 Office event CV pup 100 JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY U.B.A. Printing Baltimore, Md. Printer 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME pencil Examine This certificate should be executed within Charles Wells puo Anna Nelson IS WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT icate, writing the ward "pending" i be forwarded to the Chief Medical (Yes, no, or unknown) ((If yes give wor or dates of service) remayal 212-20-8222 Mrs. Elsie Collins 4023 Cedardale Rd. no CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEEN burial-transit PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE (AUSE (o) Fracture of Neck Б crematian, **DUE TO** Conditions, if ony, which gove rise ta immediate couse (a). DUE TO В stoting the underlying couse to burial, PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? NO X Acute Ethylism 20o. EXTERNAL CAUSE WAS PRIMARY ♠ or CONTRIBUTING □ prior 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) 3 shauld 4 should TAL EXAMINER: CAUSE OF DEATH Auto-Pedestrian Accident Dec. Was Ped. agent, | MEDICAL 20d INJURY OCCURRED 20e PLACE OF NJURY (Home, farm, (City or town) TIME OF NIJRY Month, Day Year (County) (Stote)Md Page 4 : for your foctory, street, office bldg., etc ) Hour -While 19 66 of work L 7:30 Earleigh Heights Anne Arundel of work street its designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection x Inquiry ond in my opinion the funeral directar. deoth resulted from Natural couses Accident X ... Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Health ar DEPUTY MEDICAL EXAMINER **EXAMINER'S** 12/10/66 Rudiger Breitenecker, M.D. NAME (Type) Address (Street, city, town, or county) 23g BUR AL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 12-14-66 Balto, National Burfal 24 FUNERAL DIRECTOR

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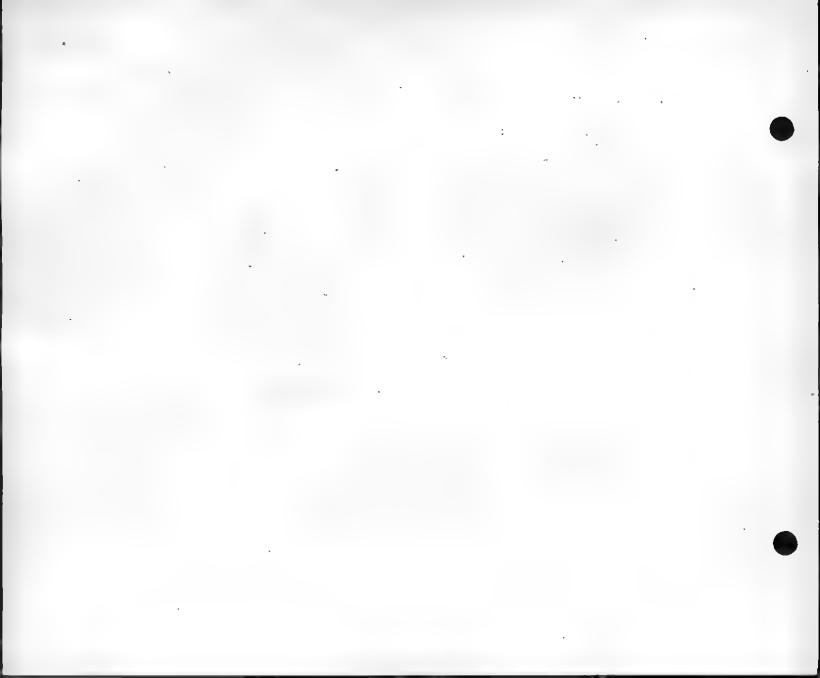
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COUNTY OF TWO PEACH 1. COUNTY OF TWO PEACH PE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Film G 333 12/16/66 CERTIFICATE OF DEATH **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. funeral 1 and 2 tersteath. 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. STATE b. COUNTY a. COUNTY Maryl and Anne Arundel Anne Arundel MARYLAND van papers, Pages 1 within 72 haurs after. by the tr b CITY OR TOWN (If autside corporate limits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If guts de carparate limits, write RURAL and give nearest tawn) write RJRAL and give nearest town) Glen Burnie, Md. Glen Burnie, Md. d. STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) .⊑ campletely filled North Arundel Hospital Glen Burnie, Md. YES NO 3 NAME OF Middle 4 DATE Firs# Lost carban Day Year DECEASED В. 12-19 66 Vella Jones 9 event, DEATH (Type or print) 8 DATE OF BIRTH AGE (In years IF UNDER YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** remove lest Dirthday) 9-18-09 Months Days Hours Female Negro removal-fond in any WIDOWED DIVORCED and 12. C T ZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BLSINESS OR 11. BIRTHPLACE (County & State, or fareign country) COUNTRY? during most of warking life, even if retired) INDUSTRY Anne Arundel Co., Md. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknown) (If yes give wybor dates of service) INFORMANT 16. SOCIAL SECURITY NO permit. burial, crematian, or CAUSE OF DEATH (Enter anly one cause per line to? INTERVAL BETWEEN (a), (b), and (c) signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUF TO Conditions, if any, which gave rise to immediate couse (o), DUE TO stoting the underlying cause has been be detached far use as the State Dept. of Health priar ta last WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO certificate 20g. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port 11 of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) foctory, street, office bldg, etc.) Haur a.m While Not White at work at wark 21. I certify that (1) (this haspital) attended the deceased from 1966 19 66, that (I) (we) lost to 3 shauld | with the 5 19 66, and that death occurred at \$30 A M, from causes and on the date stated above. saw the deceased alive on 12 DIRECTOR: 22o. SIGNATURE 22b. DATE SIGNED director, page 3 should be filed v M.D. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL O FUNERAL NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City on Town) (County) (Stole) BURIAL, CREMATION 23b. DATE THEREOF REMOVAL (Specify) succe **ADDRESS** 25b /BEGISTRAR'S SIGNATURE 25o. RECD BY REGISTRAR AUNERAL DIRECTOR VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

L	16554	·		CERTIFICA	TE OF DE	ATH			165	55	
ī.	PLACE OF DEATH o. COUNTY	Anne Arur	ide]	MARYLAND	2. USUAL RE a STATE		Where deceased	lived, if institution b. COUNT	n. Residence	before odm.ssion) Arundel	
	write RURAL one	f outside corporate limit I give nearest town) apolis	s, c (E	NGTH OF STAY IN 16	c. (ITY OR TO	DWN (If out		firmits, write RURA		eorest town)	
	d. NAME OF HOSPIT	AL OR INSTITUTION (If n	ot in hospital, give stre	eet oddress)	d STREET AD	DRESS				e IS RESIDENC ON A FARM	E 2
L	Anne Aru	ndel Genera	l Hospita	1						YES NO	
3	NAME OF DECEASED (Type or print)	Rachel	Lac:	M·ddle retia	JUSTIC	E	4 DATE OF DEATH	De cembe	er :	Doy Year 22 19 66	
5	SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIR			AGE ( n years last birthdoy)	Months D		HRS.
L	Female	White	WIDOWED A	DIVORCED [	Sept. 5		,	OO YIS			111.7
10 du	o USUAL OCCUPATION tring most of working	l (Give kind of work done He, everyif retired) SWII C	10b KIND OF INDUSTRY			ACE (County l	& State, or fores Ma	gn country) ryland	12 CIT ZI	EN OF WHAT	
T(	FATHER'S NAME				14 MOTHER						
	Cha	arles Dul	in			Arre	h V. K	lirby			
15	WAS DECEASED EVE (es, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes None	of service) 16 SOCIAL		7. INFORMANT amily R	ecor	ds	Addres	55		
	Conditions, if any rise to immediat stating the under last.	e couse (a),	TO (b)					IN PART I(a)		19 WAS AUTOPSY	_
ATTON	DII	2-BETES	MEI! I	TUS						PERFORMED? YES NO	- Allerman
CERTIFICATION		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	- /	HOW INJURY OCCURR	ED. (Enter noture a	f injury in f	Part & or Part	of item 18)			a Para
MED CAL	Hour o.r	n. 19	at work	not While of work	PLACE OF INJURY ( foctory, street, affic	e bldg , etc.)		(City ar town)	(Count	ly) (Stot	e)
l	21. I certi	<b>fy</b> that (I) <b>ithische</b> eceosed olive on_	pitel) ottended the	he deceased from 19 <u>66</u> , and	that death occ	urred of	M,	from couses o	19 <u>60</u> and on the	6, that (I) (we dote stated al	
	220 SIGNATURE	Warel	Ber	181	M.D PHYS	XX	MED DIRECTOR L	STAFF PHYS.	22b. DATE	ESIGNED 22-66	,
	ZZC PHYSIC AN'S NAME (Type		Beck, M.	D		rankl	lin St.	Annapo	olis, l	Md.	
23	BURIAL CREMATIC REMOVAL (Specify Burial		24. 1966	Name of CEMETERY Sater's		ry		TION (Gity or Tow	e. Md.	aunty) (State	)
2	4 FUNERAL DIRECTO	47 77 77	'Bons, T	ADDRESS		DE C	BY REGISTRAL 29 19	00 . 10	GISTRAR'S SIGI		

III IIOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Poge 4 may be retained by the hospital or ottending physician.

VR A15 (4) 20 M 1/66

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dealty.

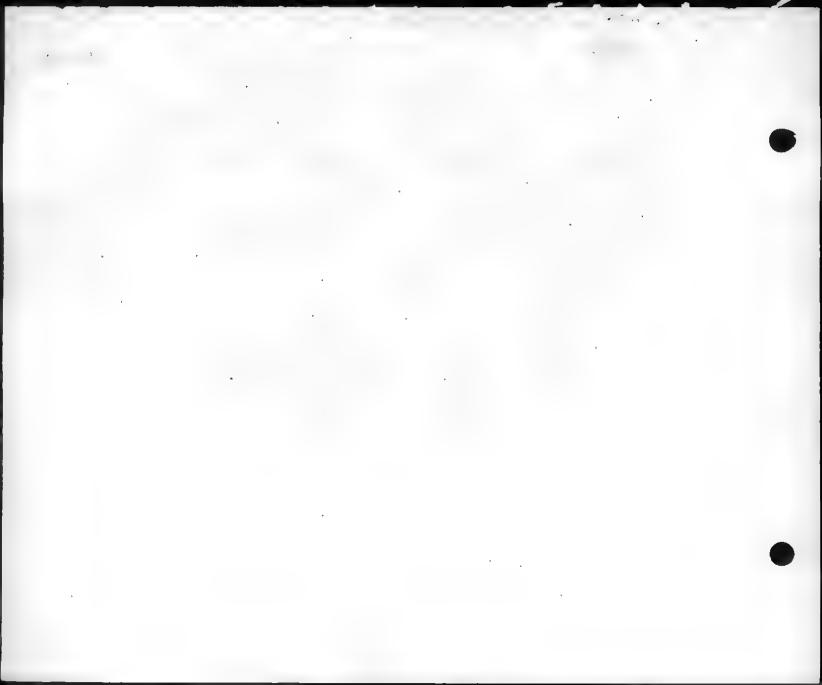


	1655	§	.m 7 T	CERTIFIC	ĄŢĮ	OF DEATH		I, DALTIMO!	1	65	56
1.	PLACE OF DEATI	Н		111111111111111111111111111111111111111	-/	2. USUAL RESIDENC	E (Where dec	eased lived. If inst	itution: Re	sidence	before admission)
	a. COUNTY					a STATE		b. count	EΥ		
	Aurul.	L ARU. EL		MARYLAN	D	MARYLA	uvD	4	J.W.JE	Mil	EL
	b. CITY OR TOW	N (if outside corporate	limits,	c. LENGTH OF STAY IN		c. CITY OR TOWN (If	outside cor				
		and give nearest town	)	B DAYE	- 1	4 3 7 3 7 4 7 5 0	T 1 1				
		POLIS		7 DAYS		ANNAPO	۩ رقلط	IARYLAND			02/
	d. NAME OF HO	SPITAL OR INSTITUTION	l (if not In	hospital, give street addre	955)		U. S.	Naval A	cade	m v 0.	IS RESIDENCE
	.33 1/70	L HOSPITAL .	1.00	OT TO EID		Supt' wuar	ters,		W CL C( C) 2	- 1	ON A FARM?
3.	NAME OF	U DODELIAL .					The second of	LIONOR_		Day	Year
J.	DECEASED	FIF	şı	Middle		Last	4. DATE	Month		uay	1881
	(Type or print)	ELIZAB.	ETH	D.	KA	UFFILAN	DEATH	DECENSE	1 1	9	19 06
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED		. DATE OF BIRTH	9.	AGE (In years II	FUNDER I		F UNDER 24 HRS.
7	THE TT		WIDOWE		7	2 25.55 2007		last birthday)	Months	Days	Hours   Min.
	EMALE	CAUC		KIND OF BUSINESS OR	<u> </u>	3 MAY 1885	under P. Shaha	yrs.	1 30 01	TITEMO	F WHAT
dur	ing most of work	ing life, even if retired	) log.	INDUSTRY		IL BIRTHPLACE (CO	A.	ar foreign country)	12. CO	UNTRY	r what
	JUNE			JONE		SAN FRANC	TJO CA	LT FO ANT A	II.	5.	.i.
13.	FATHER'S NAM	E			ì	14. MOTHER'S MAID					
	CD TTATAT	MODGAN DDA	ms years you			LOUISE H.	KET CE	vV			
15		<u>-MORGAN DRA</u> Ever in U.S. Armed For		6. SOCIAL SECURITY NO. I	17	INFORMANT	WEDOL		P		
(Ye	es, no, or unkown)	(If yes give war or dates of	Service)	o. SUDIAL SECONTITINO.	17.	INCAS MENTAL		Adm es	BUJHa	WALV	ad iD
	NO		-	193 26 0187	T.A	DA D. L. KA	UFFRAN		JA Als		MD.
- 1	18. CAUSE DF	DEATH (Enter only one	cause per	line for (a), (b), and (c).]				7		INTER	VAL BETWEEN
	PART I. DI	EATH WAS CAUSED BY:	nA.	100 000 01	7	Commence of the Commence of				ONSE	T AND DEATH
		IMMEDIATE CAUSE	a) ///	OCARDIAL	- La	NFREUY/O	//				
		DUE 3	n .								
	Cenditions, If			TERIOSCHER	-	in Wands	- Di=	En & 17			
	gave rise to	Immediate /	D) _/// / Fine	ICASSONG FO	JY.	0 116118-1		0090			
	cause (a), si		10								
	underlying caus	se last.	(c) PA	IEU moiviA							
8	PART II. OTHER S			BUTING TO DEATH BUT NOT	RELA	TED TO THE TERMINAL D	ISEASE CON	DITION GIVEN IN F	ART 1(a)	119.	WAS AUTOPSY
Ē											PERFORMED?
2										YES	NO O
Ē	20a. ACCIDENT	WAS UNDERLYING	20b.	DESCRIBE HOW INJURY	OCCU	RRED. (Enter nature of	injury in Pa	art I or Part II of	Item 18.	)	
CERTIFICATION	OR CONTRIBUTI	ING □ CAUSE OF DEAT TIFY MEDICAL EXAMIN	FR)								
. 1				THE PARTY ASSESSMENT A			1 000	2011 1	(0.0	* 4	(State)
2		INJURY Month, Day, Y				E OF INJURY (Home, fa y, street, office bldg., el		(City or town)	(Con	nty)	(State)
MEDICAL	Hour a.r		White lat we	ie Not while	40101	), oct oor! ooo p. 08.1, o.	,				
2						Dr.C. 66	200 1	9 DEC	10 6	Z 14.	A di formi lank
	21. I certii	y that (I) (this hosp	ital) atten	ided the deceased from		, 1000 00	00, to_				at (I) (we) last
		ceased alive on 2	DLC	19.00 and	that	death occurred at 1	2:5 <b>M.H</b> r	om the causes a			
i	22a OIGNATU	RE /	1	// ///					22b. DA	TE SIG	NED
-	Da	now (6)	rlen -	I de alle le	M.D	ATTENDING D	MED. DIRECTOR	STAFF Y	9 n	EC 6	56
	22c. PHYSICIA	IN'S		Mily	III.U	1 22d. ADDRESS	SINCE ON C	11110. 4		10	
	NAME (T)	ype) TO TONDO	T 00	OUGHLIN			M. NOTE	LAT A L L . TH	AT T T	4 73	
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238	REMOVAL (Sp.	ATTON, 23b. DATE T	HEREOF	1 1 1 1 1	TERY	OR CREMATORY	23d. LC	CATION (City, to	WIT OF COLL	nty)	(State)
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24	./ FUNERAL DIRE	CTOR /	7	ADDRESS	7 (		D BY REGI	STRAR   25b. RE	GISTEAR'S	SSIBNA	Tudge.
7	1 WA 7	1	//	7. 1/	10		FC 1	1 1966	julia	rely	Lucar
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DATE

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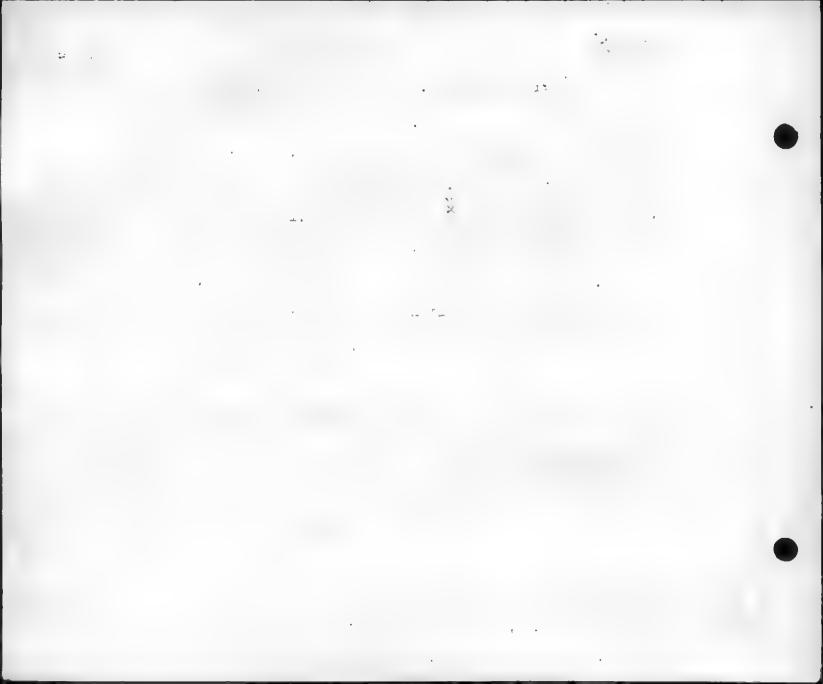
VR A15 (4) 20M 1/65 1



Rt. #2 Box 79    Rt. #2 Box 79	,	,	16556			CERTIFI	CATE	OF DEAT	Н			1.6	557	
SEVENNO  d NAME OF HOSPITAL OR INSTITUTION (If not in bospital, give street address)  d STREET ADDRESS  Rt. #2 Box 79  TTOMBOATT TO BETT ADDRESS  NAME OF HOSPITAL OR INSTITUTION (If not in bospital, give street address)  A STREET ADDRESS  Rt. #2 Box 79  TTOMBOATT TO BETT ADDRESS  RT. #2 Box 79  TTOMBOATT TO BETT ADDRESS  SEX  FEMALE CAUSE OF DEATH (Fine or point)  SEX  FEMALE CAUSE OF DEATH (Fine or point)  100 ISSUAD OCCUPATION (Gove kind of work come during most of working pile, even if refered on INDUSTRY  TO USE WALL E  TO SERVE THUS ARMOD FORCES?  THE RITHMACE (Cit.only & State, or forcegn country)  LIS MAD DECEASED PER THUS ARMOD FORCES?  THE RITHMACE (Cit.only & State, or forcegn country)  LIS MAD DECEASED PER THUS ARMOD FORCES?  THE RITHMACE (Cit.only & State, or forcegn country)  LIS MAD DECEASED PER THUS ARMOD FORCES?  THE RITHMACE (Cit.only & State, or forcegn country)  LIS MAD DECEASED PER THUS ARMOD FORCES?  THE RITHMACE ADDRESS OR  INDUSTRY  IS MAD DECEASED PER THUS ARMOD FORCES?  THE MOINTENANT  Address  LA MOINTENANT  ADDRESS OR  INTERVAL  ADDRESS OR  THE TERMANAL DISEASE CONDITION GIVEN IN PART I(c)  THE CHIRAL ROUTH MOONAL EXAMINED  TO SERVE THE STATE OF THE TERMANAL DISEASE CONDITION GIVEN IN PART I(c)  THE CHIRAL ROUTH MOONAL EXAMINED  TO SERVE THE STATE OF THE THE TERMANAL DISEASE CONDITION GIVEN IN PART I(c)  THE CHIRAL ROUTH MOONAL EXAMINED  TO SERVE THE STATE OF THE THE TERMANAL DISEASE CONDITION GIVEN IN PART I(c)  THE CHIRAL ROUTH MOONAL EXAMINED  TO THOM ON THE MOONAL EXAMINED  THE CHIRAL ROUTH MOONAL EXAMINED  TO THE CHIRAL ROUTH MOONAL EXAMINED  TO THE CHIRAL ROUTH MOONAL EXAMINED  TO THE CHIRAL ROUTH MOONAL EXAMINED  TO THE CHIRAL ROUTH MOONAL EXAMINED  THE CHIR			PLACE OF DEATH D. COUNTY Cr	Anne Aru	State C	los. MARYL					l lived, if institut b. COU	non Residen	ce before odm E ARUN	DEL
SAME OF DEEDER HOSP   Middle   Lost   4. DATE   Month   Dory		ĺ	b. CITY OR TOWN (	f outside corporate limit	s,	c. LENGTH OF STAY IN	l ib (			de corparate	fimits, write RU	RAL and give	e nearest taw	٦)
3. NAME OF DECEMBER PROPERTY OF SATAL F. Middle Lost OF DECEMBER 25, 16 10 DECEMBER 25, 16 15 SEX OCUR OR RACE 7. MARRIED NEVER MARRIED SPETAL 4, 1924 (1924) Months Doys Hour M	lar.	(		•		,	(			ox 79			ON	ESIDENCE A FARM?
S SEX    S COLOR OR RACE   T. MARRIED   NEVER MARRIED   S DATE OF BIRTH   Sept. 14.   1924   Sept. 14.   192			NAME OF DECEASED	Fi	rst	Middle	n	Last	4	OF				Year 966
To USUA. OCCUPATION (Give kind of work done during most of working life, even if jetted)   To USUS WITE   To USUS WITE   To USE WITE   To WITE   To USE WITE   To WITE			SEX		7. MARRIED	NEVER MARRIED			3/9	9.	Jost birthday)		I YEAR   IF LI	NDER 24 HRS
14. MOTHER'S MAINE   14. MOTHER'S MAINEN NAME   14. MOTHER'S MAINEN NAME   15. WAS DECEASED EVER IN U.S. AS MED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   17. INFORMANT   18. CAUSE OF DEATH (Finer only one cause per line far (a), (b), and (c)   18. CAUSE OF DEATH (Finer only one cause per line far (a), (b), and (c)   19. MAINEN   19. MINERVAL (a)   19. MINERVAL		10a duri	USUAL OCCUPATION	(Give kind of work done	10b KIN	D OF BUSINESS OR		11 BIRTHPLACE (C	County & S	itate, or fare	gn country)	(0	TIZEN OF WHA	T
SWAS DECEASED EVER IN U.S. ARMED FORCES?   16 SOCIAL SECURITY NO.   17 INFORMANT   18		_			<del></del>		1	4. MOTHER S MA	IDEN NA					
Temporal Contribution   Contributi									E	McKen				
PART I DEATH WAS CALSED BY.  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gave rise to immediate cause (a).  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  19 WAS A PERFO  YES  20a ACCIDENT WAS UNDERLYING  20a CONTRIBUTING CAUSE OF DEATH  19 WAS A PERFO  YES  20a ATTENDING  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  19 WAS A PERFO  YES  21 CERTIFY MEDICAL EXAMINER  22a SIGNIFICANT MEDICAL EXAMINER  22b TIME OF INJURY Month, Day, Year  Hour a.m  19 WAS A PERFO  YES  21 CICHTON THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  19 WAS A PERFO  YES  19 (City or town) (County)  10 (City or town) (County)  10 (City or town) (County)  10 (City or town) (County)  11 (City or town) (County)  12 (City or town) (County)  13 (City or town) (County)  14 (City or town) (County)  15 (City or town) (County)  16 (City or town) (County)  17 (City or town) (County)  18 (City or town) (County)  19 (City or town)		1S (Ye	WAS DECEASED EVE s, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give war ar dates o	of service)				URI	Liv	_		# 2-	
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PERFORMANCE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c TIME OF INJURY Month, Day, Year Haur a.m. 19 While at work at w			stating the under					•						
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c TIME OF INJURY Month, Day, Year  Haur a.m.  19	1	ATION	PART II OTHER SIG	GNIFICANT CONDITIONS (	ONTRIBUTING TO	DEATH BUT NOT RELA	LIED TO THE	TERMINAL DISEAS	SE CONDI	TION GIVEN	IN PART 1(a)		PERF	AUTOPSY ORMED? NO
Haur a.m pm. 19 While at work at work factory, street, office bldg., etc.)  21. I certify that (I) (this haspital) attended the deceased fram ////////////////////////////////////		CERT	20a ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	205. DES	CRIBE HOW INJURY OC	CURRED (En	ter noture of inju	ury in Pai	rt I ar Port	It of item 18.)			
21. I certify that (I) (this haspital) attended the deceased fram /2/6/6, 19 to 4/25/6, 19 that (I) saw the deceased alive an 12/25/639 and that death accurred at M, fram causes and an the date state 22a SIGNATURE  M.D. ATTENDING MED. STAFF 22b DATE SIGNED PHYS. 22c PHYSICIAN'S NAME (Type) 2. BENE 1) CT M. D. 22d ADDRESS  NAME (Type) 2. BENE 1) CT M. D. Commonstell State Horystale		MEDICAL	Haur o.n	1	While	- Not While -				20f	(City or tawn)	((0)	unty)	(State)
ATTENDING   MED. STAFF   12/2/6/   22c. PHYSICIAN'S   22d ADDRESS   22d ADDRESS   STAFF   12/2/6/   NAME (Type)   L. B. ENE DICT   M. D.   Commonstelle State Hoppilal						ed the deceased t	fram	/ <i>1/6(</i> 0 leath accurre	, 19_ ed at	n, to	fram causes	and an t	, that (I he date sta	) (we) last
NAME (Type) L. BENEDICT M.D. Commostle State Rospital			22a SIGNATURE	Me	rule	カケ	M.D.	PHYS.	LI DI		STAFF PHYS.	22b D	ATE SIGNED	6
23d BURIAL CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	1			2.15	ENEDI	CT M.D		22d ADDRESS	S S	ntl	_ State	Ko.	74 Las	2
BURIAL Specify Dec. 29,1966 Rowan Memorial Cemetery, Salisbury, North Caroli	,			'				Cemete		Sali	sbury,			(State) ina
24 FUNERAL DIRECTOR  ADDRESS  ADDRESS  250 REC'D BY REGISTRAR  250. REGISTRAR SIGNATURE  Harold S. Wade 550 Wash Plyd Laurel Manyland Days JAN 3 1967		24	FUNERAL DIRECTO	R	-							es. c= 0		0

TO FUNERAL DIRECTOR: After this certificate has been signed by the interval physican and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permits. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, crematian, or remaval, and in any event, within 72 hours after death. VR A15 (4) 20 M 1/66

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 havrs after death. Page 4 may be retained by the hospital or attending physician.



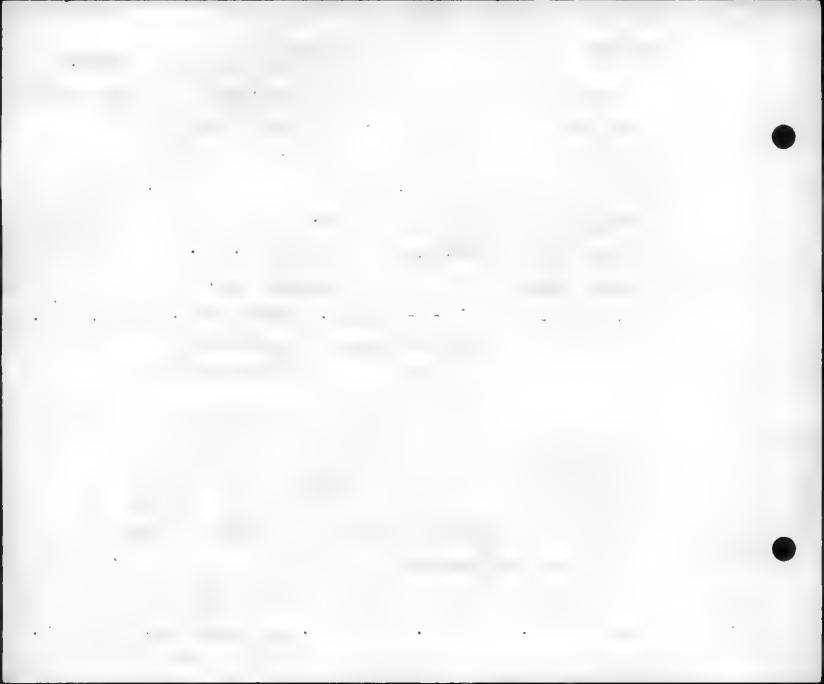
3. NAME OF PECEASED (Type or point) #10507 Daisy Middle Lost 4. DATE Month Day Year DECEASED (Type or point) #10507 Daisy King Death 12 19 19 6 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX NOW WIDOWED 100 WIND OF BUSINESS OR INDUSTRY Maryland 100 WIND OF WHAT COUNTRY? 10. S. 11. BIRTHPLACE (County & State, or foreign country) Waryland 100 WIDOWED 100 WI		5558	16		H	OF DEAT	FICATI	CERT	tem /		16557
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18 CALISE OF DEATH (Finter only one cause per line for (a) (b) and (c))	WEEN	INTERVAL BE								ATH (Enter only one caus	
PART I. DEATH WAS CAUSED BY: Carcinome of left Breast ONSET AND DEA	EATH	ONSET AND I			t	f <b>t</b> Breas	of le	inoma	Car	'H WAS CAUSED BY:	PART I. DEAT
//U/A DUE TO									*		LIUK
Conditions, If any, which gave ) (b)									b)		
rise to immediate cause (a), Stating the underlying cause DUE TO									0		
last. (t)									(c)		
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOP PERFORMED	)PSY ED?	19. WAS AUT	)	TION GIVEN IN PART 1(0)	SE CONDITION	HE TERMINAL DISEA	ELATED TO	EATH BUT NOT	NTRIBUTING TO	GNIFICANT CONDITIONS CO	PART II OTHER SI
	ио 🔀				is	oscleros	rteri	sec. A	ndrome	c Brain Sy	Chroni
Chronic Brain Syndrome sec. Arterioscierosis  20a. ACCIDENT WAS UNDERLYING  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH OF ENTER NOTICE MEDICAL EXAMINED			1.)	rt I ar Part II of item 18.)	iry in Part I i	(Enter nature of inj	OCCURRED.	BE HOW INJURY	205 DES		20g. ACCIDENT WAS
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	State)	(אָזר	n) (Cauni	20f. (City or town)							20c. TIME OF INJU
Hour a.m. While at work at work to at work					g., θπ.)	ary, street, attitle bid	] 100				p.n
21. I certify that (1) (this haspital) attended the deceased from 7/7/ , 1947 , to 12/19/, 1966, that (1) (wi							d from_	the decease	itol) attend	fy that (I) (this has	21. I certi
saw the deceased oliveron 12/19/ 19 66, and that death occurred at 12:10 from causes and on the date stated of	obove	e dote state	ses ond on the	1.2:1/0 from cause	d of 12	t death occurre	, and the	19_66	12/19	eceased oliveron	saw the de
220. SIGNATURE  M.D ATTENDING MED. STAFF 22b. DATE SIGNED 12/19/66				ED. STAFF IRECTOR X PHYS.	MED.		M		ulen	New	220. SIGNATURE
22c. PHYSICIAN'S NAME (Type) L. Benedict, M.D. 22d. ADDRESS Crownsville State Hospital, Md.		, Md.	ospital,	le State Ho	ville	Crowns		•		-	
230 BURIAL (REMATION, 236. DATE THEREOF, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County), (Story REMOVAL (Specify)) 2123/66 Wt Chukum Clus Balto-	tote)	County) (	or Town) (C	23d. LOCATION (City or	23	/	1	ac, NAME OF C	REOF LA		
FUNERAL DIRECTOR.  ADDRESS  ADDRESS  250 RECID BY REGISTRAR 25b REGISTRAR'S SIGNATURE  OF C. 1966  ADDRESS  ADD		GNATURE (1	REGISTRAR'S SIG	BY REGISTRAR 25b	REC'D BY R	250	*		100	B	

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burnal-transit perfinit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burnal, crematian, by Femaval, and in any event, within 72 haurs after death.

TO MOSPITAL OR ATTENDING MYSICIAM: The law mayims that the death certificate be executed within 24 hours after death. Page I may be entained by the haspital as attending physician.



= d=M		16558	CERTIFICATE	OF DEATH	,	16550	
to to the	},	PLACE OF DEATH		2. USUAL RESIDENCE (V	there deceased lived, if institu	t on kesidente déforé admission	n)
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urs Pa Pa purs		Glen Burnie	27 yrs.	Glen B	urnie		
ha in l irs. 2 ho		d. NAME OF HOSPITAL OR INSTITUTION (If not in h		d STREET ADDRESS		e IS RESID ON A FA	EN(E
It he law requires that the death certificate be executed within 24 haurs after death or afferding physicion. It is not been signed by the ottending physical completely filled in by the funeral use as the burial-transit permit. Then please, efmove corban papers. Pages 1 and use as the burial, cremation, or removal, and in any event, within 72 hours after death of the prior to burial, cremation, or removal.		799 BERRY RD		709 Berry	Road	YES 🗍	
aff Aff	3.	NAME OF First DECEASED	Middle	Lost	4. DATE Mon	ith Doy Yea	Ir .
d w letel orb nt, v		(Type or print)	/ M_	51719	DEATH Dec.	2 19 €	
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a/ 15 =		JSJAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		& State, or foreign country)	12 CITIZEN OF WHAT COUNTRY?	
a Same		Housewife	Domestic	Calvert C		COUNTRY? USA	
nficc hysi al,	13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME		
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the control of the		18. CAUSE OF DEATH (Enter only one couse per PART I, DEATH WAS CAUSED BY.		1	A- "	INTERVAL BETV ONSET AND DE	WEEN
hot n. y tl onsi		IMMEDIATE CAUSE (o)	myocardia	e infai	chon	anys	
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AN: The law re of or attending icate has been for use as the Health prior to	S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BOLING TO DEATH BUT NOT KETATED TO I	HE TERMINAL DISEASE CON	DITION GIVEN IN PART I(0)	19. WAS AUTO PERFORME	
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□ 海 海 海 は	CERTIFICATION	200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH	200. DESCRIBE HOW INJURY OCCURRED.	criter notore or injury in	ron i or ron ii or iiem ia.,		
HYSI hosp is cer tachec	N.	(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year	20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form	. 20f. (City or town)	(County) (S	Stote)
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To to the total to		220. SIGNATURE	7			22b. DATE SIGNED	
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		ZZc. PHYSICIAN'S	Agrico Contraction of the Contra	22d. ADDRESS			
RAI RAI Pe be		NAME (Type) Ernest Leip	old	Glen	Burnie, Mary	rland	
TO HOSPITAL OF Page 4 may be TO FUNERAL DIR director, page 3 should be filed	230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	CREMATORY	23d. LOCATION (City of To	own) (County) (St	tote)
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/	24	FUNERAL DIRECTOR	ADDRESS	2So. REC'I	BY REGISTRAR 25b. R	CALVARE MA	
VR A15 (4)	0	the telescol throughout	Home (Burno	o, ma number	r e 1966 ú	Marley Judge	2



OF STATISTICAL RESEARCH AND RECORDS. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral pluods 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY e. STATE 27 MARYLAND Anne Arundel b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give nearest town) Linthicim . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress d STREET ADDRESS ON A FARM? YES NO Y Annanolis completely 3. NAME OF 4. DATE Middle Yee DECEASED OF (Type or print) DEATH 19 66 and cor 5. SEX 9. AGE (In years | IF JNOER 1 YEAR IF UNDER 24 HRS. last birthday) Months Hours WIDOWED IX DIVORCED Гетоу 10a, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? & Stelle or foreign country) dane during most of working life, even if retired) No Me Housewife U. S. 13. FATHER'S NAME 16. SOCIAL SECURITY NO. [Yes/no, or unkown] [ (Ifyes give war or dates of service)] 18. CAUSÉ OF DEATH [Enter only one cause per line for e), (b), end (c) INTÉRVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which' gave rise to immediate cause [a], stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART III) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 🔀 Classen 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of naury in Pert I or Pert I of Item 18) 20a ACCIDENT WAS UNDERLYING OF CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED . 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc. While Not While Hour e.m. et work et work 12 - 1964, that (I) (we) last 19-34 10/2 21. I certify that (I) (this hospital) attended the deceased from....... 1966., and that death occured at 1.1.1.M, from the causes and on the date stated above. saw the deceased alive on! 22b DATE 228. SIGNAFURE ATTENDING SIGNED STAFF death. Page 4 of FUNERAL director, page 3 of filed with the PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Charles L. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (State) 23e BURIAL, CREMATION, 236 DATE THEREOF 5 g REMOYAL (Specify) 0 24, 1966 Cedar Hill Cemetery Ritchie Hwy. A. A. Co., THE REC'D BY REGISTRAR 25 PREGISTRAR'S SIGNATURE 24 FUNGERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 1300 15M 7/61 h001 Ritchie Hwv. DATE

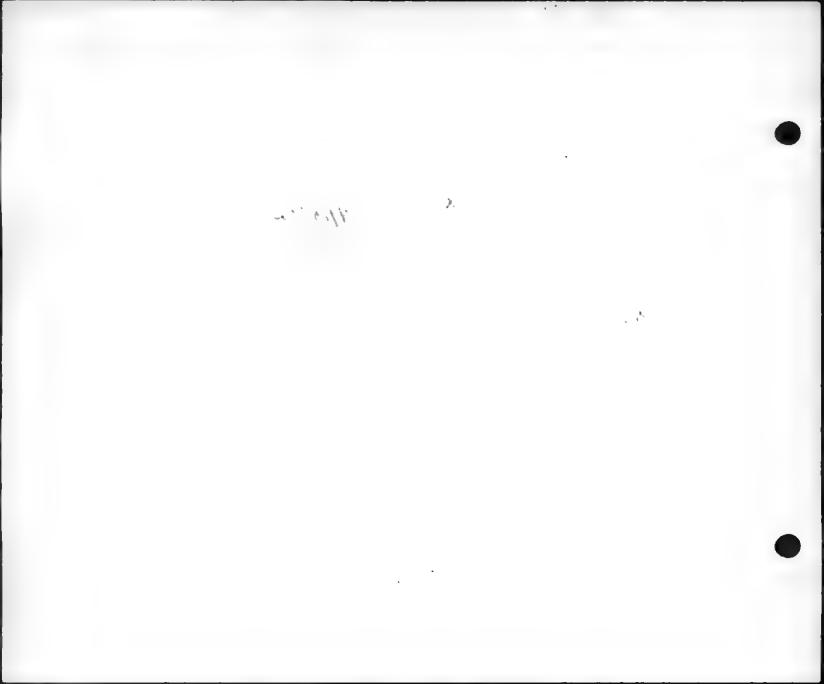
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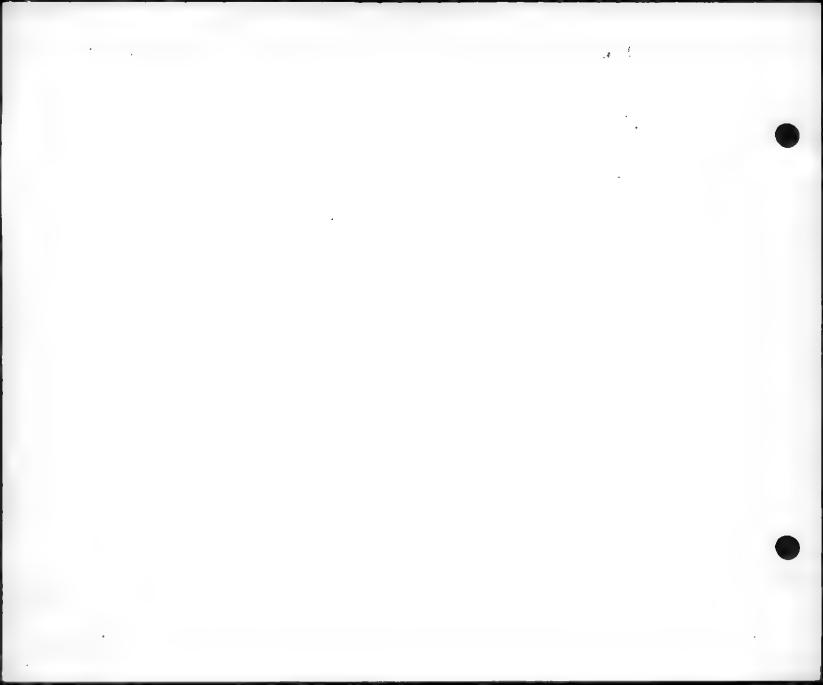
AND STATE DEPARTMENT OF HEALTH



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s certificate shauld be executed within 24 hours e, writing the ward "pending" in pencil in Item 18 farwarde!! to the Chief Medical Examiners Office	Te and	10o	US_AL OCCUPATION (Give kind of work done	106 KIND OF E	BUS NESS OR	<u> </u>	11 BIRTHPLACE (Stote		] 12	CITIZEN OF WHAT	
24 in		D	ng most of working life, even if retired)	State 1	Rond		MillCreek			USA	
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ed all E		15 (Ye	"WAS DECEASED EVER IN U.S. ARMED FORCES? s, no. ar phknown) [(If yes g ve war ar dates of serv		SECURITY NO	17 IN	FORMANT	1 1	EUCE. TrdcyL	anding	
ing	permit.		No			1-16	0006 U hd	mbert	110090	79107	_
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aulo var	■ burial-transit crematian, ar re		Conditions, if any, which gove 1								
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INER: e certifi shaqili	leii. shaul	3	CAUSE OF DEATH				uck by car				
_ = e = -	r fill	MEDICAL	20c TIME OF INJURY Month Doy Year 5:15 nm 12-13 166	20d INJURY O	CCURRED 20		Of INJURY (Home, form			(Stote)	
XA	yaur Sage d age	×		of wark	ol work	_	y, street, office bldg etc.		Anne A	rundel Md.	_
Page	ct for y		21. I certify that I taak charge of					Inspection [	, Inquiry	ond in my op n	on
actor	Sign Car		death resulted from Natura car	uses A	kcc dent 🔀,	Sultio	Transport of		ermined manner		
Ple s	retained DIRECT Its design		ACTUAL ( Se 08 )	7	-8-		CHIEF MEDICAL		7	22. DATE SIGNE	ED
Z Ja	be re RALI ar its		SIGNATURE Charles S. S	pringat	M.D.		_m v	TCAE EXAMINER 🔏	_	mber 16, 196	
PUI	may be retained far yaur FUNERAL DIRECTOR: Page tolth ar its designated age		EXAMINER'S CHALLES D. B.	Pringate	, H.D.			, city, town, or co		mber 10, 190	00
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HEALTH	DEPT	X	o COUNTY	A. A.C	°O.			MARYLAND	2 USU o 51		(Where dec	eosed lived, if in b	CONTU	esidence before	odm ssion)
y delay 3 2, and 3 to PM3. Page	er deal		b CITY OR T	AL and give ne	corporate limits, arest tawn)		c LENGTH	OF STAY N 16				orote limits, wr		nd give neores	town)
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Jeath Pag With	5 \$ 72	1	3 NAME OF DECEASED (Type or prin		Firs			Aiddle //	. /	Lost	4 DATI		Month	Doy	
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l within 2 n penal ii Examiner	e pages, d in an		13 FATHERS N		w. Land	erhin	k			THER'S MADEN Melvin		oward			
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shauld he ward ta the Ch	s a burial-transit crematian, ar re	/		if ony, which g	DUE T	0								1/2	hr.
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~ °, E	be used ta bura	0	PART II OT	HER S GNIFICAN	T CONDIT ONS CO	NTRIBUTING T	O DEATH BUT	T NOT RELATED TO	THE TERMI	INAL DISEASE CO	ONDITION G	IVEN N PART 1(	(a)		WAS AUTOPSY PERFORMED?
*= T	s. auld l priar		PRIMARYAS CAUSE OF D	NAL CAUSE WAS or CONTRIBUTING EATH	NG 🗆			INJURY OCCURRE				Port II of tem 1	В)		
EXAMINER: Lute the cert age 4 should	age age			OF NJURY Mon	th, Doy, Year	While	Not Will of wo	hie File F		URY (Home, for office bldg , etc		(City or tow	vn)	(County)	(Stote)
AL exec	d far y <b>:TOR:</b> P gnated			certify that resulted fran	Market	af the ren	~ /	ribed abayo, ent , Si	held an A utcide	utapsy, Hamicide		ction <b>,</b> Undetermine	Inquiry ed manne		in my opinta
please ex	retaine L DIREC its desi		ACTUAL SIGNATUR		such	uje	7		AMD	CHIEF MEDICAL ASS STANT ME	DICAL EXAM	NINER 🔲		2	2. DATE SIGNED
EN SSG	may be FUNERA ealth or	1	EXAMINER NAME (TY)	10)	E	120	hos	ko/t			et, cty, tow	n, or county)		12-10	
TO D	2 P		230 BURIAL, (R	Specify) B. J.	236 DATE THER  12/13/		Ga	rdens o		h		LOCATION (City Baltim	ore	(County)	
VR	A15ME (5), 6M 1/66	M.	24 FUNERAL D	14 FH	237	Pato	2.05c	0 4	ve-	DATE D	EC 1	4 1996	b REGISTA	AR'S SIGNATUR	Judge

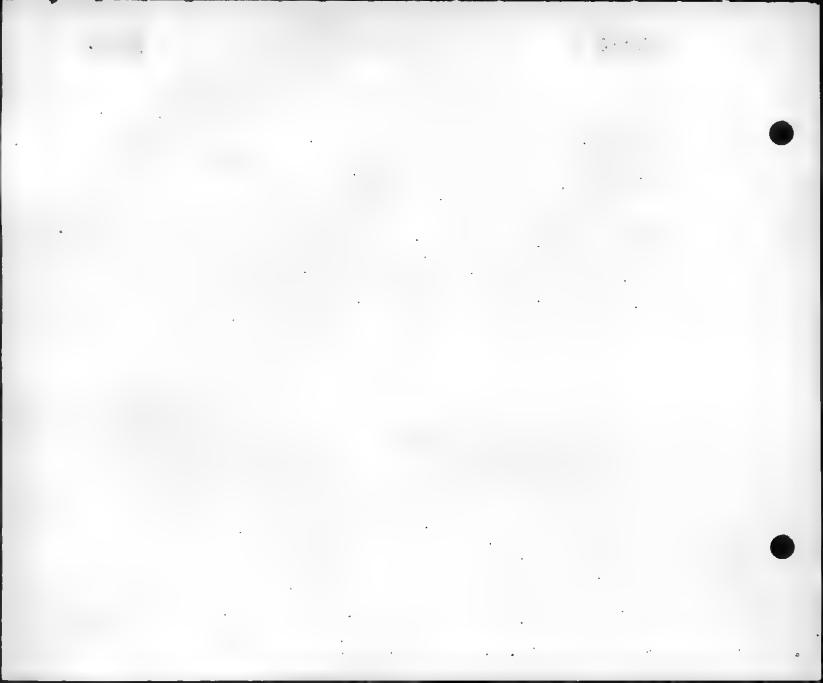


VR A15 (4) 20M I/65

11

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
16562 CERTIFICATE OF DEATH
16563

<u> </u>	10002	OFIVILION	IL OI	DEATH	1000	7 43
1.		1 0 0	2. US	UAL RESIDENCE	Where deceased lived, If institution: R	esidence before admission)
	a. COUNTY	A ()0()	a.	STATE AL	b. COUNTY	*
_	ANNE	MARYLAND MARYLAND		11	<u> </u>	House
١,	b. CITY OR TOWN (if outside of write RURAL and give near	corporate limits, c. LENGTH OF STAY IN 1b	c. CIT	Y OR TOWN (If our	side corporate limits, write RURAL	and give nearest town)
1,5	FUERALA TA	DK"	4	(- II	P. Ferry	· LALD.
1	d. NAME OF HOSPITAL OR INS	TITUTION (if not in hospital, give street address	d STR	EET ADDRESS		e. IS RESIDENCE
	( ) ATT (11	-/ ///= D-	/	-0 C	10.0	ON A FARM?
	11X4 73	LOCHLEVEN KD.	- C	LOUS	up ( BUP 20	YES NO A
3.	NAME OF	First Middle,	0 ~	Last / 4	, DATE Month	Day Year
1	(Type or print)	stino)	70	21/1	DF DEATH 12-19-6	€ 19
5.	SEX   6. COLOR OR	RACE IT MANDED TO MENTED WARRING TO	8. DATE	OF BIRTH		1 YEAR ILF UNDER 24 HRS.
1	1	) I THE WALLES	0. 0	~7 101	last birthday) Months	Days Hours Min.
	FILE	WIDOWED DIVORCED	wec.	21,1910	2 53 , yrs.	
10	a. USUAL OCCUPATION (Give kind	of work done 10b. KIND OF BUSINESS OR INDUSTRY	11. 8	RTHPLACE (Count		TIZEN OF WHAT
l uu	ring most of working life, even i	Stetiled) INDUSTRY	1 /	10001 V	2011 1111 7	DISTRICT C
15	FATHER'S NAME		1 14. M	OTHERS MAINEN	NABAE	<u> </u>
1	(0)	1/1/2	)	OTHER S MAIDEN	THAME .	
	Collore	& nancusox	LAR	MAF	innou	_
	. WAS DECEASED EVER IN U.S. AF		. INFORM	ANT	Address	10
10	es, no, or unkown) (If yes give war	or dates of services	OFF	+ 1/	a Parts #	
-			SOCE	17,0	7 10 616	A LUTERVIAL RETRICENT
		only one cause per line for (a), (b), and (c).	10.			INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAU	CAUSE (a) July Color		Cenon	callos-RI	
П	157×	DUE TO O.	De.	2 /	0000	
П	Conditions, if any, which \	(45) 44 4 4 4	0/1/	in Heart	Atten ( Dough	book .
П	gave rise to immediate	(b) Cichous.	1	as thereses	7 Weller	
Ш	cause (a), stating the	DUE TD	1)		D	
2	underlying cause last.	(c)			V	
12	PART II. OTHER SIGNIFICANTC	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	LATED TO T	HE TERMINAL DIS	EASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CERTIFICATION						YES NO
E	20a. ACCIDENT WAS UNDERLY	TING   20b. DESCRIBE HOW INJURY OC	CURRED. (F	nter nature of in	ury in Part I or Part II of Item 18.	)
18	20a. ACCIDENT WAS UNDERLY OR CONTRIBUTING [] CAUSE (IF EITHER, NOTIFY MEDICAL	OF DEATH				
					1 201 (21)	(01-10)
2	20c, TIME OF INJURY Monti Hour a.m.	far		iJURY (Home, farm i, office bldg., etc.)		inty) (State)
MEDICAL	p.m.	19 While Not While at work at work	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		
-		is hospital) attended the deceased from	1910	O 19	to 1966-19	that (i) (we) last
Н			at do ath		M, from the causes and on t	
	saw the deceased alive	on several and th	at death	occorred at		ATE SIGNED
1	(6)	10	ATTE	NDING ME		ALE SIGNED
П	1 0 E P E P E P E P E P E P E P E P E P E	10) James M	I.D. PHYS	DIR	ECTOR PHYS.	
	22c. PHYSICIAN'S NAME (Type)	1 - N 16 11 11	22d.	. ADDRESS	22 - 1	2.10.
	The training training to	DEFT R. HAM	A)O	O. 130x	Soeverne C	our wo
23	a. BURIAL, CREMATION, 23b.	DATE THEREOF   23c. NAME OF CEMETE	RY OR CRE	MATDRY	234 LOCATION (City, town or cou	unty) (State)
1	REMOVAL (Specify)	-21-66 Ft. LINC.	ala.		01.4	11-
	4. FUNERAL DIRECTOR	ADDRESS	NUM	1 25a. REC'D	BLADENSBUR BY REGISTRAR   25b. REGISTRAR	
2	MICHAEL DIRECTOR		11/1			7
13	chy 11. Vo7/12	+ Acus (Muapolis, 1	" (Co	DATE DE	C 있 5 iSlob / '	1112
17						1/- +/-



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16563 CERTIFICATE OF DEATH cate be executed within 24 hours after death ond 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) 1. PLACE OF DEATH o. STATMarvland b COUNTY a. COUNTY Anne Arundel ve carbon popers. Pages 1 event, within 72 hours after CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corparate imits, write RURAL and give nearest town) Baltimore 2vrs. 7 mos. Crownsville .⊑ d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS B IS RESIDENCE ON A FARM? Crownsville State Hospital 839 Central Ave. YES NO X and completely fil remove carbon p 3 NAME OF First Middle Last 4 DATE (Type of print) #27329 66 Elizah Lee DEATH DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years 2/12/1912 Jest birthday) Haurs Male Negro WIDOWED DIVORCED 10c USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY West Virginia USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or removal, Miller Ambrose Lee 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war ar dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address PHYSICIAN: The law requires that the death ottendir Hospital Records Unknown Unk. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) signed by the buriol-transit p buriol, crematic ONSET AND DEATH PART I, DEATH WAS CAUSED BY Arteriosclerotic Hypertensive Cardio-Vascular Page 4 may be retained by the haspital or attending physician. Disease - Generalized Arteriosclerosis Conditions, if ony, which gove nse ta immediate cause (a), DUE TO stating the underlying couse os been os the prior to b PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? hos ed for use of Health p ar this certificate had detoched for use YES 🔲 NO Chronic Brain Syndrome Mental Deficiency: 20a ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (State) Nat While factory, street, office blda, etc.) at wark After 1 1966, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from\_ 1964 director, page 3 should should be filed with the 12/26/ 19 66, and that death occurred at3:50 M, fram causes and on the date stated above. O FUNERAL DIRECTOR: saw the deceased olive an\_ 22b. DATE SIGNED 22a. SIGNATURE 12/29/66 凶 M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Crownsville State Hospital, Md Benedict. 230. BURIAL CREMATION, REMOVAL (Specify) 236 NAME OF CEMEJERY OR CREMATORY 23d. LOCATION (City or Town) (State) 25b. REGISTRAR'S SIGNATURE 24 JUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR **ADDRESS** VR A15 (4) DATE JAN

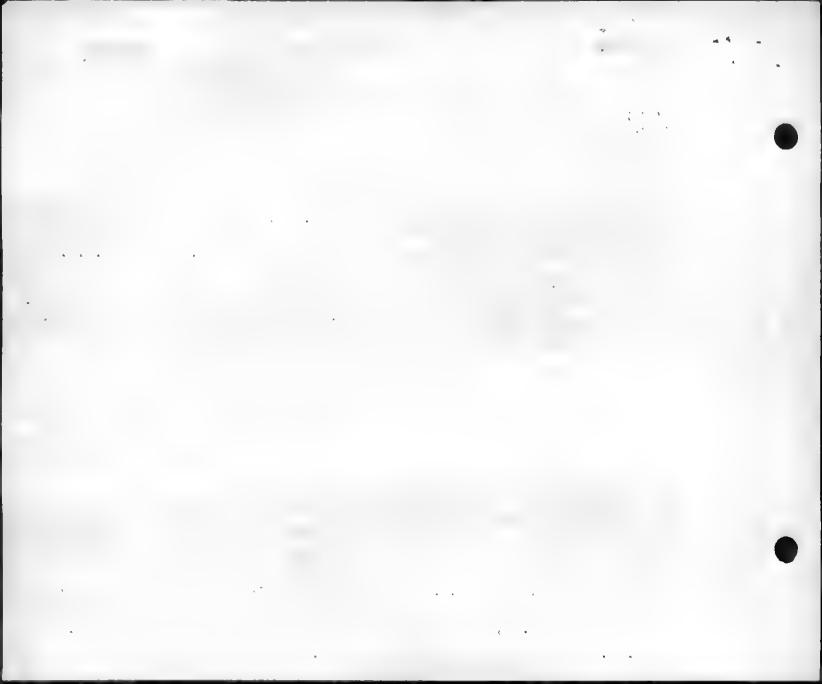
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16564

## CERTIFICATE OF DEATH

16565

E WELL	<u> </u>		
unerol.	1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission)
\$ 50 g	-	a COUNTY ANNE ARUNDEL MARY AND	o STATE Maryland b COUNTY Anne Arundel
in the fer		nimer dans	
of the state of th		b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Pog Pin		write RUPATTICE 13 WKS	Linthicum (1)
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street oddress)	d STREET ADDRESS 8 IS RESIDENCE
24 d i		Knollwood Nursing Home	314 E. Hilltop Road VES NO X
ithin 24 hours after d y filled in by the fune on popers. Poges 1 a within 72 hours after d			''
High A		NAME OF Fish Middle	nthicum OF 12/ 30 66
executed within 24 hours after deoft decepted to be present of the funeral and second ony event, within 72 hours after decepted ony event, within 72 hours after decepted on the function of t		DECEASED (Type or print) Bertha Hodges Lin	nthicum OF 12/ 30 66
ted pk	5	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	8 DATE OF BIRTH 9 AGE ( n years   IF UNDER 1 YEAR
ecu ove	F	Temale White WIDOWED X DIVORCED	Oct. 11,1875 91 yrs Months Doys Hours Min
icate be executed within scotory factory factor factory factory factory factory factory factory factory factor factory factor factory factor facto	<u> </u>	WILLOS WIDOWS CO.	DED: 11 10/D D1 //3
i. i	100	o USUA, OCCUPATION (Give kind of work done 196 K ND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY?
3 8 5	uuii	ring most of working life, even if retired) INDUSTRY Housewife (tet) Gunhome	Glen Burnie, Md. U.S.A.
3 4 3 E	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
g physic Then pre		Howell Hodges	Martha Bond
e death certifi ottending phy permit. Then Ion, or remava	15		
at igit	(Ye	es, no ar unknown) ((if yes give war or dates of service))	DIO E HITICOP KO.
ottendi permit. Ion, or r			r. Howell Linthicum Linthicum, Md.
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Caule mysocomo	INTERVAL BETWEEN
thot then the by the ronsit cremat		PART I. DEATH WAS CAUSED BY CREATE my VERY	leas insorction ONSET AND DEATH
후 등 호호		L O. I DUE TO	-A / D
res sici		Conditions, if any, which gove ) (b) Correctly a	along beeling Iday
physic physic signec buriol buriol		rise to immediate couse (a).	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
		storing the underlying couse	
e low r tending ss been as the prior to		lost (c) Committee of	
ther her as as as as as	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED?
ICIAN: The site of or of the office of Health	CERTHEICATION		YES NO K
Lot cote	FIG	200 ACCIDENT WAS UNDERLYING ☐ 205 DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Part I or Part II of item 18)
音楽書	ERT	OR CONTRIBUTING CAUSE OF DEATH	(
YSI nosp cer che pt.	AL C	(IF EITHER, NOTIFY MEDICAL EXAMINER)	CE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
PH bis bis De De	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e PLA While Not While for	CE OF INJURY (Home, form, lory, street, affice bldg., etc.) 20f. (City or town) (County) (State)
of to a	×	p.m. of work and at work and	30
State of the state		21. I certify that (I) (this hospital) attended the deceased from 1	0/8 , 19 66 , tel-2/14 , 196 , that (I) (we) last
R: / Sed		sow the deceased alive on 702/14/66 19 ond that	of death accurred atM, from causes and on the date stated above.
OR ATTE be retaine DIRECTOR ge 3 shoul		220 SIGNATURE X	22b. DATE SIGNED
R Fee Sec Sec Sec Sec Sec Sec Sec Sec Sec S			D. ATTENDING DIRECTOR DIPHYS. D 12/30/66
o per		22c. PHYSICIAN'S	22d. ADDRESS
TAI AI A		NAME (Type) Ray M. Smith, M.D.	Hahn Pro. Bldg. Severna Park, Md.
SPE 4 n 4 n d b		Ray He Shirt Cit, Frede	
FOR A MAN LOSPITAL Poge 4 may by Co FUNERAL Director, pog should be file	230	DE BURIAL, (REMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
050 g &		REMOVAL (Specify)  Jan. 4,1967   Cedar Hill	
M.	24	4 FUNERAL DIRECTOR ADDRESS	250 REC'D BY REGISTRAR 25b. REGISTRAR'S, SIGNATURE
VR A15 (4) 3		R. V. Singleton Glen Burnie,	Md. DATE JAN 1 1887



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16565 CERTIFICATE OF DEATH PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death completely filled in by the funeral nove carbon popers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived funstitution. Residence before admission **b** COUNTY MARYLAND hours after CITY OR TOWN (If outside carparate C LENGTH OF STAY IN 15 write RURAL and give pearest town) IS RESIDENCE ON A FARM? ve corbon popers. event, within 72 h d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS □ NO A 3 NAME OF Middle 4. DATE Manth First Day Year OF DECEASED DEATH 19 6 (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS SEX DATE OF 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** remove (ast birthday) Months Days leose remov WIDOWED DIVORCED physicion and control of the please removed and in ony 12. CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 1), BIRTHPLACE (County & State, or foreign country) during most of working life, even if settred) COUNTRY? POSTA FATHER'S NAME the ottending WAS DECEASED EVER IN J.S. ARMED FORCES? Address signed by the ottending burial-transit permit. (Yes, na, ar unknown) (If yes give war ar dates of service) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) be retained by the hospital or attending physician. 7201 DUE TO Conditions, if ony, which gave rise to immediate cause (a). **DUE TO** stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been be detached for use as the State Dept. of Health prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO 20a ACCIDENT WAS UNDERLY NO ID 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 201 (City or town) (County) (State) Haur a.m. factory, street, office bldg., etc.) While Not While ATTENDING at wark at wark 1966 21. I certify that (1) (this hospital) attended the deceased from , 1965\_, that (1)-(we) last director, page 3 should should be filed with the , and that death occurred at 9 M, from causes and an the date stated above. saw the deceded alive on. 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** MED DIRECTOR STAFF PHYS M.D. PHYS. 22d. ADDRESS PHYSIC AN-S Page 4 may NAME (Type)

VR A15 (4) 20 M 1/66

24 FUNERAL DIRECTOR Wm. Cook-Brooks Inc.

23a. BURIAL, CREMATION,

1217 St. ADD Wall St. Baltimore, Maryland

DATE THEREOF

12-13-66

23c. NAME OF CEMETERY OR CREMATORY

Calvery Cemetery

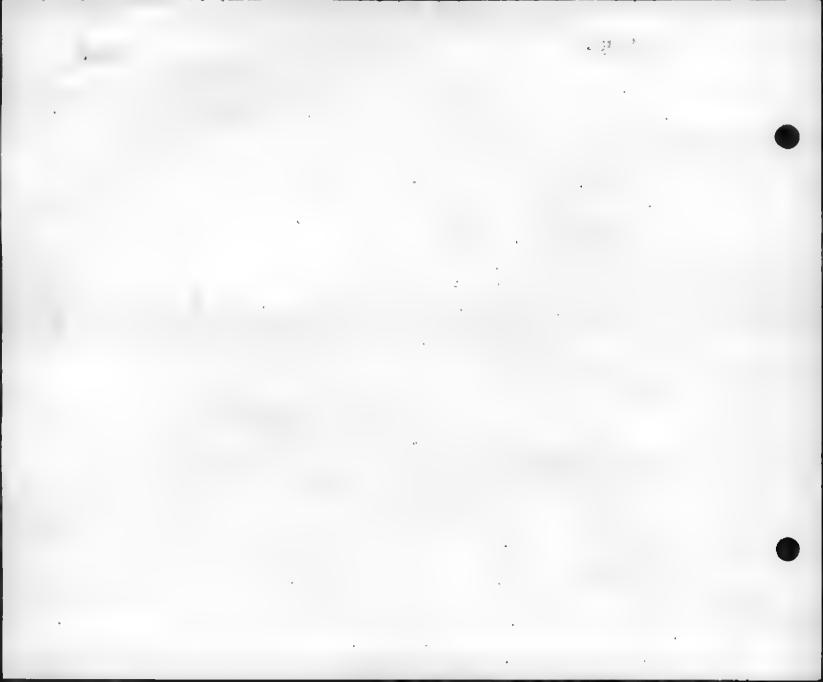
2So. REC'D BY REGISTRAR 1966

New York

LOCATION (City or Town)

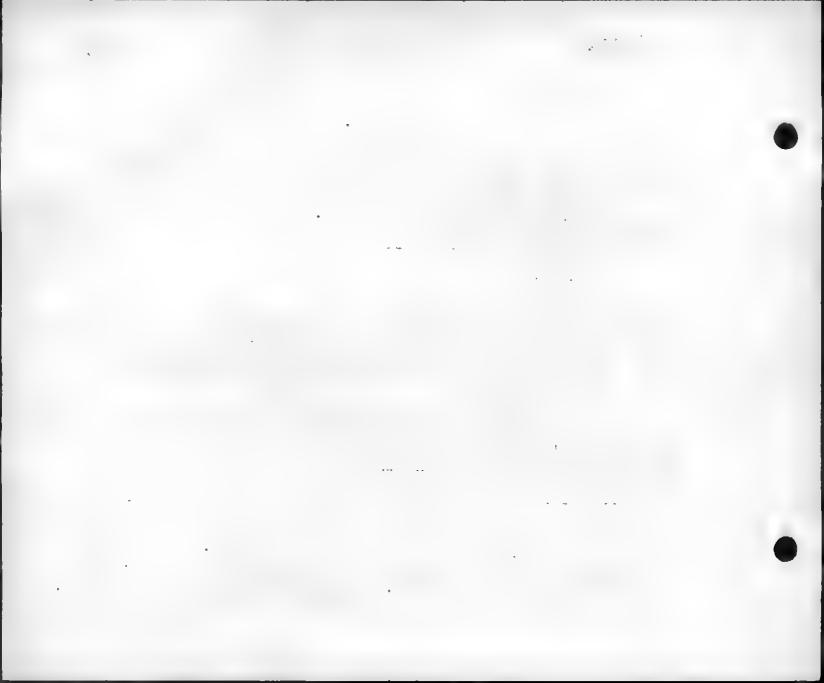
25b. REGISTRAR'S SIGNATURE

(County)



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16566 CERTIFICATE OF DEATH **OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 haurs after death. death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) b. COUNTY a. COUNTY Anne Arundel Maryland papers Pages 1 Nn 72 hours after MARYLAND LENGTH OF STAY IN 16 b. CIY OR TOWN (If outside corporate limits c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Crownsville 3vears 3mos. Baltimore d STREET ADDRESS e IS RESIDENCE ON A FARM? .⊑ d. NAME OF HOSPITAL OR INSTRUCTION (If not in hospital, give street oddress) event w thin 72 filled 817 Asquite Street Crownsville State Hospital YES NO X 3 NAME OF Middle Last 4 DATE Month remove-carbon DECEASED (Type or print) #26020 Christine Martin 12 66 DEATH IF UNDER 24 HRS IF UNDER 1 YEAR 6. COLOR OR RACE DATE OF BIRTH 9. AGE ( n years 7. MARRIED NEVER MARRIED Hours DIVORCED ond in any WIDOWED Negro Female 10p. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT COUNTRY? LISA ease during most of working | te, even if retired) INDUSTRY North Carolina physicion 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME removal, Florence Edward Evans IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) 5 Hospital Records 220-18-6201E No cremotion, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Lung Abscess and Pneumonitis IMMEDIATE CAUSE (o). Page 4 may be retained by the haspital or attending physician. DUF TO burial, Squamous cell Carcinoma of Floor of Mouth Conditions, if ony, which gove rise to immediate couse (o). DUE TO os been os the priar to b stoting the underlying couse WAS ALTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) State Dept. of Health Dehydration and Inanition NO X After this certificate I be detached for us 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. FIME OF INJURY Month, Doy Year 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) ot work 1966, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 19 63, to director, page 3 should should be filed with the saw the decreased alive and 12/22/ 1966, and that death accurred at 2:20 M, from causes and on the date stated above FUNERAL DIRECTOR: 220 SIGNATURE 22b DATE SIGNED STAFF PHYS. 12/22/66 M.D DIRECTOR PHYS **ADDRESS** NAME (Type) Lionel McHenry Марр Crownsville State Hospital. Md. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL CREMATION. 23b DATE THEREOI (County) (State) REMOVAL (Specify) 0 AL ADDRESS 2So. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURI 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATINEC y Clayer

MARYLAND STATE DEPARTMENT OF HEALTH



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naurs after t by the fur Pages 1			b CITY OR TOWN (1	f autside corporate imits,	c LENGTH OF STAY IN	N 1b	CITY OR TOWN (If outs	de corporate limits, write Rl	IRAL and give nearest	tawn)
by the Page			MINN A	give nearest town)		}	HWNAR	615	all the	~ /
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46 PHYSIC the haspi at this certical detached		MEDICAL	20c. TIME OF INJU Haur on p.r	IRY Month, Day, Yeor n. 19	20d INJURY OCCURRED While Nat While at work at work		OF INJURY (Home, farm, y, street, affice bldg., etc.)	20f (City or town)	(County)	(State)
Affred Street			21. I certi	l <b>y</b> that (I) (t <del>his hospita</del>	t) ottended the deceased i	fram	12/16 ,19	66, ta 12	18, 1966, the	at (I) (we) last
Se de				ceased alive an	2/18-1966,0	and that	death accurred at 2	150 AM, fram causes		
OR A) be reto DIRECT Je 3 sh			220. SIGNATURE	and fille	chuan	M.D.	PHYS D	IRECTOR STAFF PHYS	22b. DATE SIGNE	166
975			22c. PHYSIC AN S NAME (Type)	RichardI	Hochman 2	m.D	59 Frankl	in St. Ann	apolis,	and-
FO HOSPITA Page 4 may FO FUNERAL director, po		230	BUR AL, CREMATIC FEMOVAL (Specify	N, 23b. DATE THEREON			REMATORY  IETERY	23d LOCATION (City of T BUTLER 7	own) (County)	(State)
		74	FUNERAL DIRECTO	2/11/0	ADDRESS		2So. REC'D		REGISTRAR'S SIGNATUR	E
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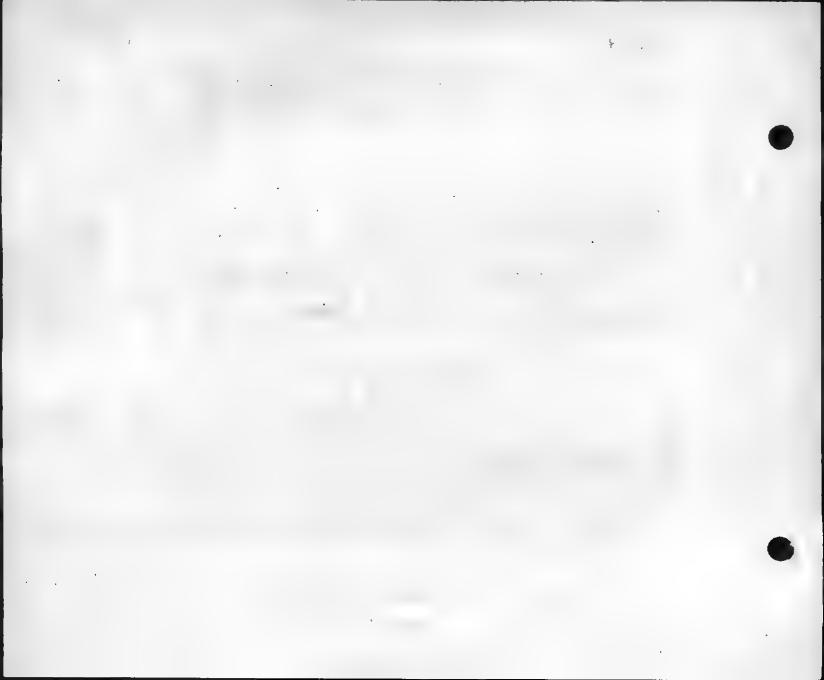


	16568 CERTIFICATE OF DEATH	16569
1	PLACE OF DEATH  a. COUNTY  A. COUNTY  b. CITY OR TOWN (if outs de corporate 1 mits, write RURAL and give pearest fown)  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give stree address)  2. USUAL RESIDENCE (Where deceased five as STATE of County	Write RURAL and give nearest town
	DECERSED (Type or print)  SEX  6. COLOR OR RACE   7 MARRIED   REVER MARRIED   B. DATE OF SIRTH  WIDOWED   DIVORCED   190  , Jan 15 6.5 y	rs.
13	Description (Give kind of work one during most of working life, ofen if relivad)  10b. KIND OF BUSINESS OR INDUSTRY  11 BIRTHPLACE (County & State, or foreign county and the county of	11 C
()	Conditions, if any, which gave rise to immediate cause (a), stating the undarlying DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OR CONTRIBUTING CONTRIBUTION CONT	PERFORME YES NO
1 MEDICAL	20c. TIME OF INJURY Month, Day, Year While Not While at work 19 Attending the deceased from the deceased alive on Dece 23	22b. DA
_	NAME (Type) LD 190ND L 100 STABEK CLEW BURN  Sa. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  REMOVAL (Specify)  Burial Dec. 28,1966 Glen Haven Memorial Park Ritchie Hot  (FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25b., REC'D, 8Y, REGISTRAR 25b.	Y. A. A. CO. Md.



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE MARYLAND 16569 OF DEATH CERTIFICATE hours after death. PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. CITY DR TDWN (if outside corporate limits. c. CITY OR TOWN (if owiside corporate limits, write RURAL and give nearest town) C. LENGTH DF STAY IN 1b write RURAL, and give nearget town) naaderea, filled in papers. hin 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADORESS e, IS RESIDENCE ON A FARM? NOX YES completely i The law requires that the death certificate be executed within 5 3. NAME OF Middle DATE Day DECEASED DF DEATH remove carb range carb range event 1966 (Type or print) AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS E OF BIRZT 6. COLOR OR RAGE NEVER last birthday) Months Days Hours WIDOWED DIVORGED 10b. KIND DF BUSINESS OR (County & State, or foreign country) Then please removal, and in 10a, USUAL OCCUPATION (Give kind of work done I 11. BIR7 12. CITIZEN OF WHAT altenting hysician rmit. Then please r COUNTRY? during most of working life, even of retired) maccocke 11.5.9 mence 13. FATHER'S NAME MOTHER'S MAIDEN NAME Lewis Dehn Jane Trombo Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. as the burial-transit permit. prior to burial, cremation, or a (Yes. no. or unkown) I (If yes give war or dates of service) Seme Fami] 720 INTERVAL BETWEEN 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating underlying cause last After this certificate has do be detached for use as State Dept, of Health prior (c) PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? for use F Health NO IS YES 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20a. ACCIDENT WAS UNDERLYING IT CERT OR CONTRIBUTING ( CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20f. (City or town) (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 1 20e, PLACE DF INJURY (Home, farm, (County) factory, street, office bldg., etc.) Hour a.m. While Not While 19 at work at work p.m. TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the 21. I certify that (I) (this hespital) attended the deceased from and that death occurred at M. from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR M.D. PHYS. PHYSICIAN'S 22c. 22d. ADDRESS NAME (Type BURIAL, CREMATION, REMOVAL (Specify) CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. 23b. DATE THEREOI 2/16/66 Cedar Hill REGISTRAR'S SIGNATURE FUNERAL DIRECTOR REC'D BY REGISTRAR McCully Funeral Home 237 Patapsco Ave 21225 VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH



PRESTON STREET, BALTIMORE 1, MARYLAND funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed l'ved, if institution: Residence before edmission) e. COUNTY b. COUNTY a. STATE 242 MARYLAND σ c CUY OR IOWN (If outside corporate limits, write RURAL and give neares b. CITY OR TOWN (if outs de corporate, limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest town d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street address) e. IS RESIDENCE ON A FARM? YES NO T completely papers. 3. NAME OF Month Yeer DECEASED OF (Type or print) DEATH remove carbon 污水 8. DATE OF BIRTH AGE In years IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 17 and ast birthday) Months WIDOWED DIVORCED Negro physician USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHA 1 12. CITIZEN OF WHAT COUNTRY done during most of working I le, even if retired) FATHER S NAME attending ā DECEASED EVER IN J.S. ARMED FORCES 16 SOCIAL SECURITY NO. (Yes, no, or unkown) , (Ifyesgivewerordetesofservipe 18. CAUSE OF DEATH [Enter only one cause per line for (e), .b), end (c) INTERVAL BET ģ ONSET AND D PART I. DEATH WAS CAUSED BY: paubis IMMED ATE CAUSE (e) DUE TO Conditions, if env. which (b) gave rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER S GN FICANT CONDIT ONS 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO T 206 ACCIDENT WAS UNDERLYING [] . 206 DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Peri I of Item 18.)
OR CONTRIBUTING [] CAUSE OF DEATH | (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. IN. JRY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Stete) fectory, street, office bldg., etc.) Hour a.m. While Not While et work at work p.m. 12-22 - 1966, that (I) (we) ast 21. I certify that (I) (this hospital) attended the deceased from. ....19 66, and that death occured at M, from the causes and on the date stated above, saw the deceased alive on 22a SIGNATURE 22b, DATE ATTENDING SIGNED death. Page 4 IO FUNERAL director, page 3 be filed with the DIRECTOR PHYS. ZZc. PHYSICIAN'S 22d. ADDRESS 23d. LOCATION (City, lown of county) 23a, BURIAL, CREMATION. OR CREMATORY REMOVAL (Specify) Ĥ VR A15 (4) 256. REGISTRAR'S SIGNATUR 15M 7 61

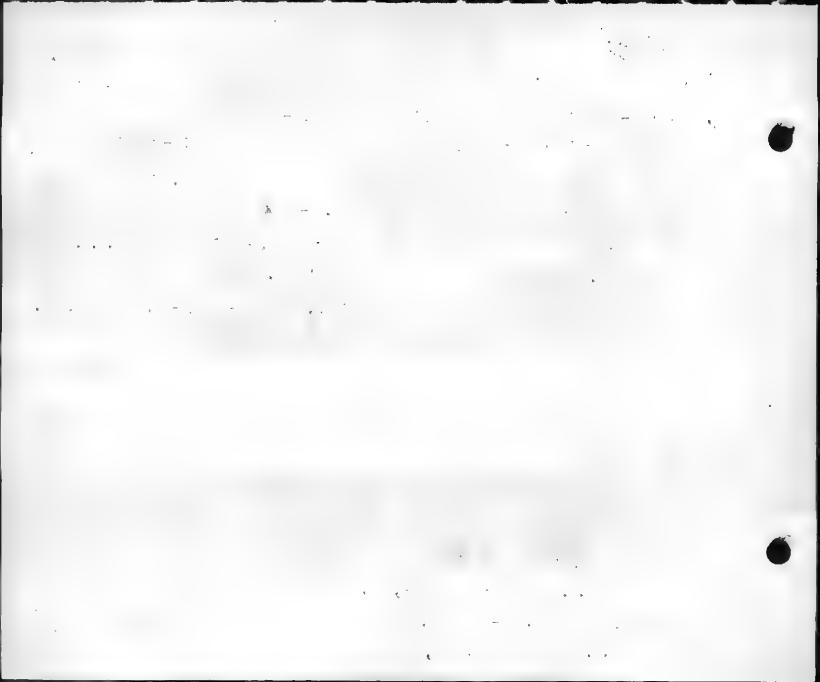


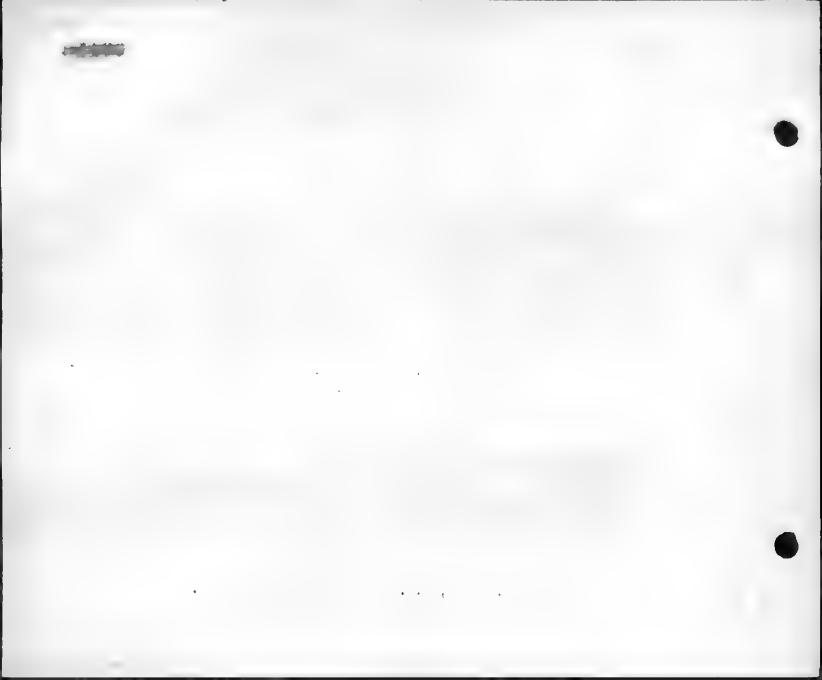
## FOR STATE HEALTH DEPT.

Department after death. State hours the 2 with within after death. If m. 8. Give Pages 1, 2 event Buol Item 18. 24 hours R. This certificate should be executed within 2 are, writing the word "pending" in pencil in forwarded to the Chief Medical Examiner's 3 ne certif DIRECTOR: Your execute Page for you director. Paretained for of Health or

b. CITY DR TDWN (If outside corporete limits, c. LENGTH DF STAY IN 1b write RURAL and give nearest town) Rural - Lethian Life Ruval -Lethian d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Sands Read - Reute 1 - Bex 51 DATE 3. NAME OF First Middle Last OFCEASED EDWARD MORETAND (Type or print) RRYAN 6. COLDR OR RACE NEVER MARRIED DATE OF BIRTH 5. SEX 7. MARRIED Dec. 5-1964 Male WIDOWED DIVORCED 10s. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY Ammanelis, Maryland NONE MÖTHER'S MAIDEN NAME 13. FATHER'S NAME Kile pag and in Vivian H. Pewell George E. Moreland 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) permit. Nete Ne 18. CAUSE OF DEATH [ Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: burial-transit cremation, or IMMEDIATE CAUSE (e) cremation, DUE TO Conditions, if eny, which (b) geve rise to immediate **DUE TO** ceuse (a), ateting the underlying cause last. ed as burial use to b CERTIFICATI 208. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. o pe P CAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 3 sho 20c. TIME OF INJURY Month, Day, Year factory street, office bldg., etc.) Ноиг в.т. While Not While MEDI CTOR: Page designated et work at work Inspection 21. I certify that I took charge of the remains described above, held an Autopsy Homicide Accident Suicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATUR 0 DEPUTY MEDICAL EXAMINER 7 **EXAMINER'S** - Amnapelis, Md. NAME (Type) 23C. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF 23a. Mt. Zion BUTTE ADDRESS 24. FUNERAL DIRECTOR C.E.Hicks Ill Annapolis, Maryland VR ALSME (5) 1/65

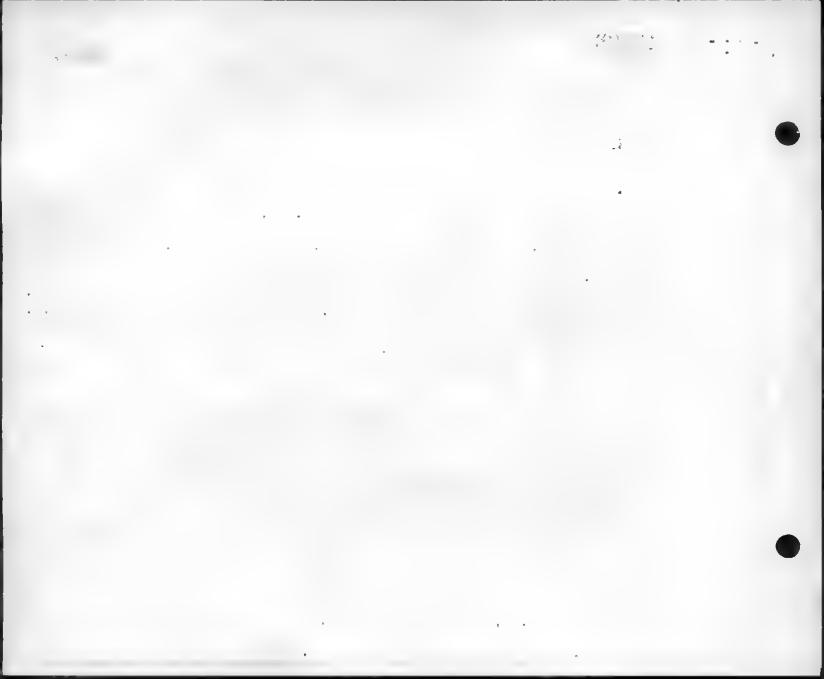
16571 MEDICAL FYAMINED SCORES OF STREET, BALTIMORE 1, MARYLAND USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. CDUNTY a. STATE ARUNDEL Anne Arundel MARYLAND c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? Sands Road - Route 1 - Bex 51 Month Year Dec. AGE (In years (IF UNDER 1 YEAR IF UNDER 24 HRS 2 ast birthday) Months 12, CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) COUNTRY? U.S.A. Address Annie L. Mereland-Bex 51-Rt. 1 Iethian, Md. INTERVAL BETWEEN ONSET-AND DEATH WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMEO? YES DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) (State) 20f. (City or town) (County) and in my ppinion Inquiry Undetermined manner 22. DATE SIGNED 12-11-Address (Street, city, town, or county) 23d. LOCATION (City, town or county) (State) Lethian, Maryland REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE larles





MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

- (IV		16573	CERTIFICATE	OF DEATH	1	6573
requires that the death certificate be executed within 24 hours after death, signed by the ottending physician and completely filled in by the funeral burial-transit permit. Then please remove carbon papers. Pages 1 and 2 burial, cremation, or removal and in any event, within 72 hours after death burial, cremation, or removal.		PLACE OF DEATH			deceased lived, if institution. Residence	e before odmissian)
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ICIAN: TIP pitol or of rifficate ha d for use of Health	CERTIFICATION	200 ACCIDENT WAS UNDERLYING [2]	205 DESCRIBE HOW INJURY OCCURRED.	/Enter nature of incore in Part L	or Port II of item 18 )	YES NO
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PHYSIC ne hospi this cert etached Dept. o		(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c TIME OF INJURY Month, Doy, Year	20d. INJURY OCCURRED 20e PLA	CE OF INJURY (Hame, form,	20f (City or town) (Cou	inty) (State)
the details and the control of the c	MEDICAL	Hour o.m.	While Not While foct	ory, street, office bldg., etc.)	(,)	.,, ()
		Petiti	spital) attended the deceased fram_	Oct 194	6, ta Doc 30, 196	L. that (IR (wat las
		saw the deceased alive an_	Dec 16: 19 66, and tha	t death accurred at // 1	P M. fram causes and an th	ne date stated above
R ATTEND retained rECTOR: A 3 should with the 3		22a. SIGNATURE	// //		22b. DA	ATE SIGNED
OR of well		Edward 9	Therest MI	D. PHYS DIRECT	TOR PHYS. D 12-	-31-66
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O HOSPIT Page 4 mm O FUNERA director, 1	230	BURIAL, CREMATION, 236. DATE TH		CREMATORY 23	d. LOCATION (City or Town)	(County) (State)
TO HOSPITAL OR ATTEN Page 4 moy be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with th			4,1967 Glen Haven M		Glen Burnie, Ma	
VR A15 (A)	24	. FUNERAL DIRECTOR	ADDRESS	2Sa. REC'D BY RE	EGISTRAR 2Sb. REGISTRAR'S SI	GNATURE
20 M 1/66		Richard V. Single	ton Glen Burnie	DATE JAN	4 13\$/ /	



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		1		16574				CERTII	FICATE	OF DEATH				1657	1
推 p	and z	F	] [	LACE OF DEATH						2 USUAL RESIDENCE (	Where deceased	ived if instituti	on Residence	before odmiss	ion)
durs after death				. COUNTY		Arun	del		YLAND	o. STATE Mary		b. COUN	Anne	Arund	el
the the	S of		t	city or town (i write RURAL and	If autside carparate I give nearest town	limats,		c. LENGTH OF STAY	IN 16	c CITY OR TOWN (If at	stside carparate i	mits, write RUR	tAt and give r	negrest tawn)	
or by	2 5			Annapo	lis			2 hrs.		Maye				12 0	
24 hc	Z Ser	2			AL OR INSTITUTION					d STREET ADDRESS				e. IS RES	FARM?
iin 24 filled		1			del Gene		ospii			L	A DATE	66		YES	NO 🔀
with	ST T	ŀ	- (	IAME OF ECEASED		First		Middle		Last	4 DATE OF	Mant			POT .
- De	<u> </u>	1	-	Type or pnnt)		lonon				NICHOLS	DEATH	Decem GE (In years	DET . F UNDER 1 Y	27 19	66 R 24 HRS
xecuted with campletely	e e		-	ale	6. COLOR OR RAC Negro		MARRIED [	NEVER MARRIE DIVORCE		Nov. 4, 189	1.	st birthday)		oys Hours	Min
be ex	and in any		10a. dury	US_AL OCCUPATION	(Give kind of work	done		D OF BUSINESS OR		11. BIRTHPLACE (County	& State, or foreig		COUN	EN OF WHAT	-
ate	ease and II		Ĺ	Lecure	LCK		1			14 HOTHER C HAIREN		Marylar	ia v.	,5,	
th certificate fing physician	. Ihen premoval,		13. C	FATHER S NAME	nd	11	10	nck	1	14. MOTHER'S MAIDEN	1112	ue.	400	1100	
requires that the death certificate be executed within 24 haurs after death physician. signed by the attending physician and campletely filled in by the funeral	<u>a</u> <u>a</u>				R IN U.S. ARMED FOL		rice)	OCIAL SECURITY NO	1-1/2	NFORMANT P	who	C/n/n	nasi	0)7/	16
off off	per Idn,	-	1		EATH (Enter only or	ne couse na			MULA	A I		· VIII	/1	INTERVAL BE	TWEEN
hat if n. y the	burial-transıt pen burial, crematian,				H WAS CAUSED BY IMMEDIATE (		A .	noudir	Ze-	Carc	inor	noto	7.	ONSET AND	
es t sicial ed b	1 4			Canditions, if any	which gave 1	DUE TO	7							q	
quir phy: sign	buria buria		- 1	rise to immediat	e cause (a),	(b)									
ing ing	ta l			stoting the under	rlying cause	(c)									
end s be	as t oriar		ŀ		GNIFICANT CONDITION		IBIJTING TO	DEATH BUT NOT RE	LATED TO T	HE TERMINAL DISEASE CO	NOITION GIVEN II	PART 1(o)		19 WAS AUT	TOPSY
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/SICI aspite certifi	hed for it. of He		A CERTIFICATI		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER					Enter nature of injury in					
ம # "_்	detact ite Depi		MEDICAL	20c. TIME OF INJU Haur a.r p.r		eor 19	20d IN. While at work	JURY OCCURRED  Not While at work	facto	E OF INJURY (Hame, farm ary, street, office bldg., etc.		ity or lown)	(Coun	ly)	(Stote)
불교 즉.	old be he Stat		Ì	21. I certi	fy that (I) (this	dusida n Dec	t attend	ed the deceased		Weath accurred at	19 <b>60</b> , ta_	Dec. 2'			
ATT stain	with t			220 AGNATURE	COURSE GIIVE C	14					50 AM			SIGNED	
≈ 5 ₩<				Wit	Toole	an ro	Lyn		M.D	PHYS.	DIRECTOR	STAFF PHYS.	12/	27/6	-
May E	be filed	/ [		22c PHYSICIAN'S NAME (Type		Richae	dson	, M.D.		22d ADDRESS 110 Clay	St., Ar	napoli	s, Md.	"/	
HOSF Ige 4 FUNE	directar, shauld b	-	230	BURIAL, CREMATIC		TE THEREOF	61	23c NAME OF CEN	IFTERY OR	REMATORY	23d 10CAT	ION (City or Ta	wn) (6	(ounty)	Storte)
5 5	000		24.	FUNERAL DIRECTO	CL / Zin	501	00	ADDRESS	14	21 250, REC	D BY REGISTRAR	2Sb. RE	GISTRAR'S SIG	HATURE	48.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Anne Arundel

20

12 CITIZEN OF WHAT

COUNTRY?

e IS RES DENCE ON A FARM? YES NO TO

19

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

(County)

22b. DATE SIGNED

12/20/66

REGISTRAR S.SIGNATURE

2So. REC'D BY REGISTRAR

NO A

(Stote)

16575 CERTIFICATE OF DEATH ease remave carban papers. Pages 1 and 2 and in any event, within 72 hours after deaths campletely filled in by the funeral lave carban papers. Pages 1 and 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY b. COUNTY Anne Arundel Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) D.O. A. Annapolis d NAME OF MOSPITA. OR INSTITUTION (f.not in haspito, give street oddress)

Anne Arundel General Hospital d STREET ADDRESS # 1 Baldridge Rd NAME OF Middle 4 DATE First Month DECEASED Ann OSHRY December (Type or print) IF UNDER 1 YEAR | IF UNDER 24 HRS S SEX 8 DATE OF BIRTH 9. AGE ( n years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Female White Oct. 7, 1905 WIDOWED TO DIVORCED 10p. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) during most of working ife, even if refired)
Housewife INDUSTRY Russia 14. MOTHER S MAIDEN NAME 13. FATHER S NAME signed by the attending physi burial-transit permit. Then pl burial, crematian, or removal, Rocklin Fannie Rosen 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service) 141-16-1743 #1 Baldridge Rd. Annapolis. no 18. CAUSE OF DEATH (Enter only one couse per line for (o) (b), ond (c).)
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (o), DUE TO stoting the underlying couse has been last. os o PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) this certificate 20o ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. of work TO FUNERAL DIRECTOR: After Dec. 6. 19 66 that (1) POS) last 1956 21. I certify that (1) ARCHESPACO attended the deceased fram. director, page 3 should should be filed with the 19.66, and that death accurred at M, fram causes and an the date stated above. saw the deceased alive an Dec. 22o. SIGNATURE STAFF PHYS M.D DIRECTOR ADDRESS 22c. PHYSICIAN'S John L. Hedeman, M.D. NAME (Type 1407 Forest Drive, Annapolis, Md. 230 BURIAL CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify)
Burial Ohel Yakov Herring Run. Ralto

JACK LEWIS, INC. 2100 Eutaw Place Balto. Md.

VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR

ficate be executed within 24 haurs after death.

requires that the death,

Page 4 may be retained by the haspital or attending physician.



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the denth certificate be executed with 24 hours after death. Page 4 retained by the hospital or attending physician.

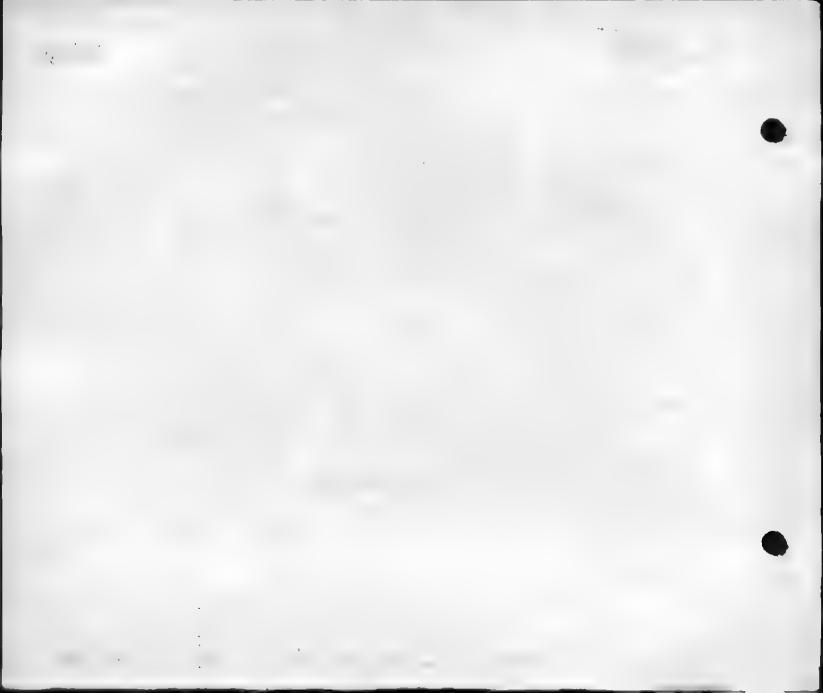
TO FUNERAL TOR: After this certificate has been signed by the attending physician and completely form the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pare 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1SM 7/61

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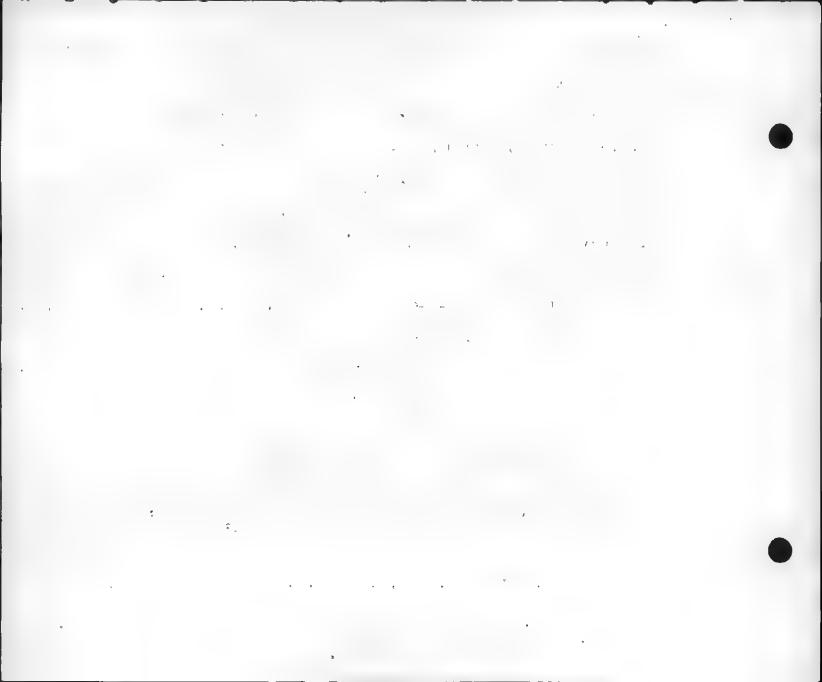
### MARYLAND STATE DEPARTMENT OF HEALTH

		ICAL RESEARCH AND RE	CORDS, 301 W. PRESTON	STREET, BALTIMORE 1, M	ARYLAND
Ì	16576	CERTIF	ICATE OF DEATH		16576
	1. PLACE OF DEATH	A MARYI	a. STATE /7 //	Where deceased fived, if institutions Res	idence before edmiss on)
	b. CITY OR TOWN (if outside corporale was RURAL and give nearest lown	(ULX)	(MW	isida corporate limba write RURAL end g	siva neerest fown)
	3. NAME OF HOSPITAL OF INSTITUTE	ON (if not in hospite), give street address of the street address	HORSE 1808 D	Dulan (10)	ON A FARM?  YES NO NA  Day
	(Type or print)  5 SEX 6. COLOR OR 8	eitha l	Jarker!	9. AGE (In years IF UNDER 1 YE	5_1966
	The Mark Ck	WIDOWED DIVORCED	1 1 1 1 1	State, or fore an opunity   12. CITIZE	Hours Min.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	uce Ma a	SIA.
	15. WAS DECEASED EVER IN LLE ARMID (Yes, not or unknown) (Hyes give were redet)		O. 17. INFORMANT	Hall Rodress	72
	PART I. DEATH WAS CAUSED B		a character con	in purchase	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which	ETO DESCRIPTION (b)	and control to		wynac
	cause last.	(c)		(	
	PART II. OTHER SIGNIFICANT CO	eleges ME	1 BUT NOT RELATED TO THE TERMINAL D LANGE OF THE TRANSPORT OF THE TOTAL OF THE TOTA		19. WAS AUTOPSY PERFORMED?
		NER)		Df. (City or town) (County	(Stefe)
	7	While Not While et work Set wo	fectory, street, office bldg., etc.]	To 12/25 10/1	shot (I) (wa) lat
			nd that death occured at AN	and the management with the same	
	21c ANTHORNES OF S	tolewan_	M.D. ATTENDING MED. PHYS. DIRECT	TOR STAFF	12/28/60
	NAME (Type) LASS  23a. BURIAL CREMATION, 23b. DATE  PROVAL (Specify)	THEREOF 23c MANE OF CE	NETERS OF CREMATORY	KLIN St. HUNG	apolis 911
	24 FUNERAL DIRECTOR'S SIGNATURE	29-66 (SQL)	25a, REC'D B	/ /	0
	11/1/11/11/11/2011/8	(UNIX TT. 1 1 1	1 1100MM DEC	2 8 10CC Williams	- Veedal.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE after the ANNE ARUNDEL MARYLAND ANNE ARUNDEL MARYLAND by the CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours E ANNAPOL 13 ANNAPOLIS, MARYLAND UNKNOWN papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE within 72 ON A FARM? U. S. NAVAL ACADEMY, ANNAPOLIS, MARYLAND 807 WEST STREET KX ON YES executed within completely Carbon First Middle Last DATE Month Year DECEASED event, WILLSON (Type or print) CARL PEDD I CORD DEATH 6 19 66 DECEMBER 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED KX 9. last birthday) | Months | Days any and WIDOWED F DIVORCED [ MALE CAUC APRIL 19, 1915 10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY U.S. Gov 1t. 5 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe ELECTRICIAN ELECTRICAL MAINTENANCE OWENSVILLE, MARYLAND USA certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME гетоуа attending permit. Then Louis Henry Peddicord Sarah Elizabeth Greenwell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITYNO. death ō (Yes, no, or unkown) | (If yes nive war or dates of service) YES JT WW 214-05-0991 cramation, SAFETY OFFICER, U. S. NAVAL ACADEMY, ANNA., Mo. the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN signed by th urial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DISSECTING AORTIC ANEURYSM attending physician. IMMEDIATE CAUSE (a) been signed the burial-tr or to burial, c DUE TO 30-40 MIN. Conditions, If any, which OR MYOCARDIAL INFARCTION (b) gave rise to immediate DUE TO cause (a), stating the as th paior ARTERIOSCLEROTIC HEART DISEASE underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY for use Health PERFORMED? certificate NO T NONE by the hospital 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part | or Part | of Item 18.) detached for the Dept. of 8 S MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, I (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work After at work retained TO. DIRECTOR: age 3 should lied with the 19 66 6 DECEMBER and that death occurred at 1240PM, from the causes and on the date stated above. saw the deceased alive on 22a SIGNATURE 22b. DATE SIGNED page ATTENDING 6 DECEMBER 1966 M.D. PHYS. DIRECTOR PHYS. may HOSPITAL PHYSICIAN'S FUNERAL 22c. 22d. **ADDRESS** director, p should be 1 NAME (Type) F. WESTFALL, JR., LCDR, MC, USN U. S. NAVAL ACADEMY, ANNAPOLIS, MARYLAND 4 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. LOCATION (City, town or county) REMOVAL (Specify) Glen Haven Cemetery Burial 1966 REC'D BY REGISTRAR Hopping 1966 VR AI5 (4) Hopping Funeral Home Annapolis 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16578 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) COUNTY h COUNTY Anne Arundel Maryland MARYLAND C LESTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate firmits, write RURAL and give nearest town) b CITY OR TOWN (If autode corporate limits, write RURAL and give negrest town) das Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Crownsville State Hospital 1015 E. Monament Street YES NO 3 NAME OF Middle Lost 4. DATE Year DECEASED 12 19 66 (Type or print) #25942 Pennix 14 Thomas DEATH IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthday) Months Hours Sepworced Unknown Negro WIDOWED Male 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? LISA during most of working life, even if retired) INDUSTRY Maryland N Garolina Laboremknoun Construction 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAMI JohnPPennick Emma Trollinger IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address (Yes, no or unknown) (If yes give war or dates of service) Hospital Records Unknown Unknown INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY Bronchooneumania IMMEDIATE CAUSE (o) DUF TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPS' PERFORMED? C.B.S. due to Cerebral Arteriosclerosis and C.N.S. - Syphilis NO D 200 ACCIDENT WAS UNDERLYING [ 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year Hour o.m. White Not While factory, street, office bldg., etc.) at work at work 8/29/ 19 65 to 12/14/ 1966, that (I) (we) last 2). I certify that (1) (this happital) attended the deceased from. 19.66, and that death occurred of 7:30M, fram causes and an the date stoted obove saw the deceased olive an 22b. DATE SIGNED 220 SIGNATURE 12/14/66 X DIRECTOR PHYS. M.D. 22d ADDRESS 22c PHYSICIAN'S Benedict. M.D. Crownsville State Hospital. Md. NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) 230 BURIAL, CREMATION (County) (Stote)

TO FUNERAL DIRECTOR: After directar, page 3 shauld be filed v VR A15 (4) 20 M 1/66

funeral 7 and 2 er death.

tely filled in by the furban papers. Pages A within 72 haurs after

pgu

event,

**QNY** 

or remaya

crematian,

burial-transit

signed burial,

by the haspital or attending

be retained

letely

attending physician sermit. Then please

be executed within 24 haurs after death

PHYSICIAN: The law requires that the death certificate

24. FUNERAL DIRECTOR

REMOVAL (Specify)

MEDICAL

12/16/66

ADDRESS

Calvary Cemetry

2So REC'D BY REGISTRAR

County Md 25b. REGISTRAR'S SIGNATURE



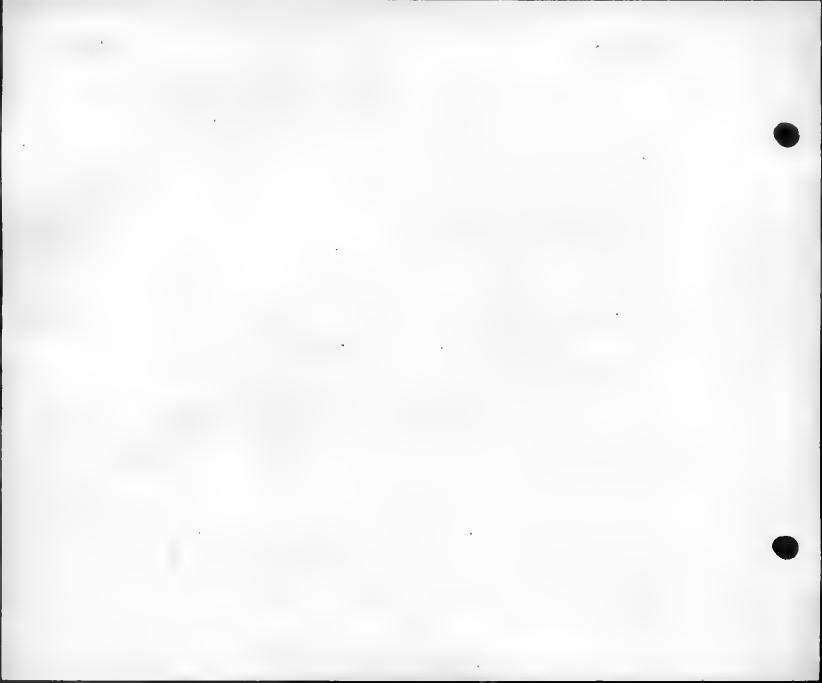
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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1	6	5	7	9

	10919	CERTIFICATE OF DEATH	18
1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence	before odmission)
	a. COUNTY A A	MARYLAND O. STATE 6. COUNTY 7	A
	b CITY OR TOWN (If autside corporate limits, write RURAL and give gearest tyling)	c LENGTH OF STAY IN 1b c CITY OR TOWN (If outs de carparate limits, write RURAL and give	nearest tawn)
	D M M C P O (	1 day wood and Beach	/
Г	d NAME OF HOSPITAL OR INSTITUTION (IF not in +		e. IS RES DENCE ON A FARM?
	ALUE ALUL	1 de l Generall	YES NO X
	NAME OF DECEASED (Type or print) Letita	Middle RILOST 4. DATE Month UT DEATH 12-	19 6 6
5	SEX 6. COLOR OR RACE 7 A	BARKED I HETER MARKIED   E D. ONIE OI DIONI	YEAR IF JNDER 24 HRS. Doys Hours Min
	- W W	DOWED DIVORCED March 22 189/ 75 Yrs.	
	USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired)		ZEN OF WHAT
	Housewite	HVEdT /drx14glog U	3/7
13.	FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
1	dualed 152	Frow Letitia Lordol	1
15 (Ye	was deceased ever in u.s. armed forces? es, no, or unknown) (If yes give war ar dates of serv	nce) 16 SOCIAL SECURITY NO. 17 INFORMANT - Ly FRILEY WELLS Address	
	1B. CAUSE OF DEATH (Enter only one cause pe	r line far (a), (b), and (c).)	INTERVAL BETWEEN ONSET AND DEATH
	PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	Bronilio. practimina.	UNSET AND DEATH
	47// DUE TO		
	Conditions, if any, which gave (b)		
	rise to immediate cause (a), DUE TO		
	last. (c)		
MOIL	PART II OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19 WAS AUTOPSY PERFORMED? YES NO
100	20g ACCIDENT WAS UNDERLYING	20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)	<u> </u>
MEDICAL CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	(	
OICAL	20c TIME OF INJURY Month, Day, Year	20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f (City or town) (Cour	nty) (State)
WEI	Haur a.m. p.m. 19	While at wark affice bldg., etc.)	
		1) attended the deceased from 11-10, 1962, to 2004, 196	C, that (I) (we) lost
		UC 4 1966, and that death occurred of 3136M, from causes and on th	
	220. SIGNATURE	ATTENDING MED. STAFF	TE SIGNED
	Drong the	Inlim MD PHYS - DIRECTOR PHYS	
	22c. PHYSICIAN'S ( NAME (Type)	LAU. MUUNLIS	
23/	G BURIAL, CREMATION, 236 DATE THEREOF	23s NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) - (	County) (Stote)
-	REMOVAL (Specify)	12 lou Mantalana les Oussin et the	1 X1./
21	FUNERAL DIRECTOR	ADDRESS . O	STE TO day /V Y
	JAR FSTY FULLETCH	ASSURE DILLIPSI DEC 19 1966 Julia	res Judge.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law majories that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending paysician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Their please remave carbon papers. Pages 1 and should be filled with the State Dept. of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs afferded. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66



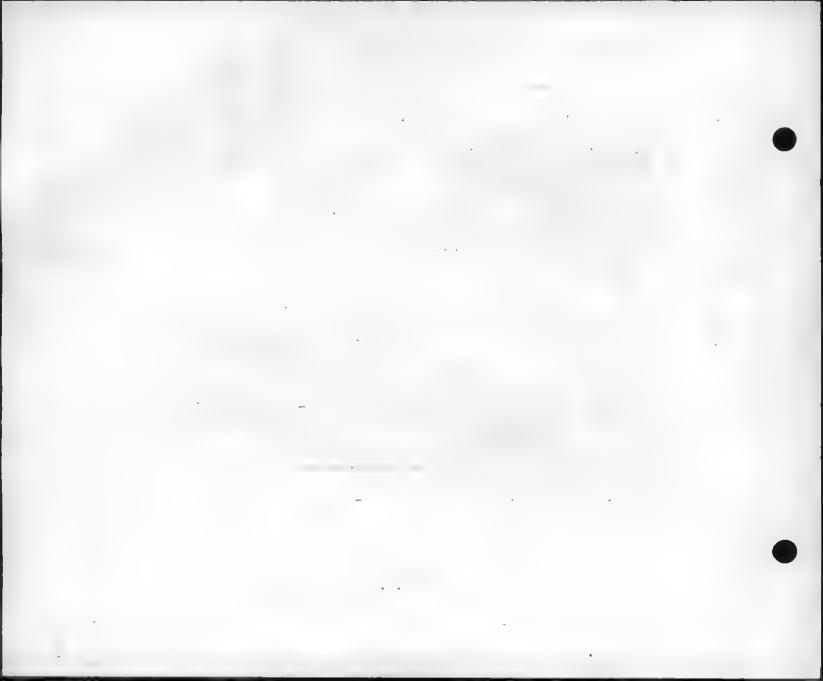
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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Ite	m#2c,d,Fil	LmGLios 7	/8/	<sup>C</sup> 8km	CER	TIFICATE	OF DE	ATH					
0. CO	F OF DEATH UNITY Anne	Arunde.	L			MARYLAND	2. USUAL R o. STATE		Where dec	eosed lived, if institu b. COU		before od	m ssion)
wi	rite RURAL and give po Crownsvi	Tie				. llmo		Unkr	OWI		re ll		
	ME OF HOSPITAL OR II	,				5)	d. STREET A	DDRESSTOR	00 W	· Wand St	reet	e IS OI YES	RÉSIDENCE N A FARM? NO
3 NAMI DECE: (Type		00 Mai	si rjoz	rie	Middl	ė	Rober	ts	4 DAT OF DEA	20		Doy 12	Year 19 <b>6</b> 6
s sex Fer		OR OR RACE	7 MAI	RRIED [	NEVER MA	RRIED	B. DATE OF BI			9 AGE (In years hithday)	Months I		UNDER 24 HRS
10o. USJ during m	AL OCCUPATION (Give ki ost of working life, ever Unknown	ind of work done i if retired)		10b K+ND INDU	OF BUSINESS STRY	OR		ACE (County		foreign ( ntry)		ZEN OF WH NTRY?	SA
13. FATE	Unknown						14. MOTHER UT	S MAIDEN P					
(Yes, no,	S DECEASED EVER IN U.S., or unknown) (If yes g	ARMED FORCES?	f service	1	ial security	NO 17	INFORMANT Hosp	oital	Reco	Addi ords	ress		
Com- rise stat	ditions, if any, which to immediate couse ing the underlying of	GAUSED BY. MMEDIATE CAUSE DUE gove (o), OUSE DUE	(o) TO (b) TO	Refus Schiz	Dehy sed to	take f		Fluid	is nic U	indifferer	ntiated	Туре	AND DEATH  S AUTOPSY
ATION PAK		Diabetes				II KELAIFU IU	INC TEXAMINAL	DISCASE COR	NOTITUR G	NACA IS LAKI 1(0)		YES [	FORMED?
OR (	ACCIDENT WAS UNDER CONTRIBUTING ELL CAUS	E OF DEATH	7	20b DESCR	RIBE HOW INJU		(Enter noture		Port I or	Port II of Item 1B)			
20c	TIME OF INJURY Mo Hour o.m.			20d INJU While of work	RY OCCURRED Not While of work		CE OF INJURY tory, street, offi			f (City or town)	(Cour	ity)	(Stote)
	21   certify that (I) (this haspital) attended the deceased fram 6/15/ , 19 62 , ta 12/12/66 , 19 , that (I) (we) last saw the deceased alive on 22/12/1 1996) , and that death accurred at 3:39 M, fram causes and an the date stated above.												
	220 SIGNATURE IN ATTENDING MED. STAFF 12/12/66  221. PHYSIGIANS 222. PHYSIGIANS 222. ADDRESS												
720	NAME (Type) L1	onel Mc	Henr	ту Ма	pp, M.	64	220. AU	Crow	msvi	lle, Mary	land		
	RIAL, (REMATION, MOVAL (Specify)	235. DATE THE 12-16.		- 1	Chapel	CEMETERY OR Grove	CREMATORY		Wi	ndsor Isl	e of W	County)	(Stote)
	neral director dith K. Ty	ree S	mit	hfiel	ADDRES			250 REC'I	BY REG	1968 25b	LOY A	MATHRE	ye.

be executed within 24 haurs after death, TO FUNERAL DIRECTOR: After this certificate has been signed by the attending passion and campletely filled in by taken to page 3 should be detached for use as the burial-transit permit. Then lease remaye carban papers. Passhauld be filed with the State Dept. of Health prior to burial, cremation, or remayal, and in any eyent, within 22-45-00%. O HOSPITAL OR ATTINGING PRYTICIAN: The fow requires that the death certage 4 may be retained by the haspital or attending physicion.

VR A15 (4) 25M 1/67

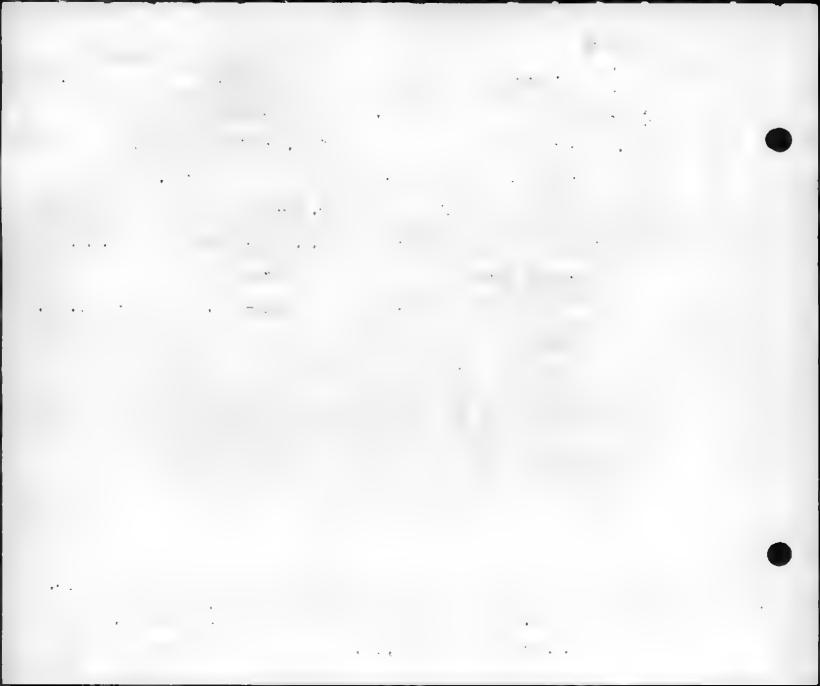


TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit parmit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

16580 CERTIFICAT	E OF DEATH
1. PLACE OF BEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
Arme Arundol MARYLAND	a. STATE Maryland b. COUNTY Anne Arandel
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Annapolis  3 yrs.	c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
26 W. Washington Street	26 N. Washington Street YES NO
3. NAME DF First Middle DECEASED ATTOM	Last 4. DATE Month Day Year
(Type or print) ALICE ROSS SMITH RODRIQUES	23
7. MARKIED   NEVER MARKIED	8. OATE OF BIRTH  9. ACE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.  7 last birthday)   Months   Days   Hours   Min.
	yrs.
103. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Demostic	11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT COUNTRY?  A.A.Co. Karyland  U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frederick Smith	Martha Gantt
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANY Address
(Yes, no, or unkown) (If yes give war or dates of service) Unknown Ha	ttie Phiree-26 W. Washington-Anna. Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Coult Co	mys tre I tent Jackinis Startes
	4
Cenditions, If any, which DUE TD DUE TD COU	Oa War
gave rise to immediate cause (a), stating the DUE TD	
underlying cause last. (c)	
PART II. OTHER SICNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
IGN .	YES NO
B OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
ZOC. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA   Hour a.m.   While   at work   at work   at work	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m.  p.m.  19   While   Not While   facto	7, 84 cc., 011100 Biog., ct)
21. i certify that (I) (this hospital) attended the deceased from_[	t death occurred at A.M. from the causes and on the date stated above.
saw the deceased alive on 1960, and that	death occurred at a real m, from the causes and on the date stated above.
Elaye. Waller M.	ATTENDING MED. STAFF
22c. PHYSIGIAN'S NAME (Type) Faye Allen	22d. ADDRESS Cathedral Street Annapelis, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
Barial Dec. 12-66 Brewer Hill	Annapolis, Md.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY RECISTRAR   25b. REGISTRAR'S SIGNATURE
C.E.Hicks Ill Annapolis, Md.	DATE DEC 14 1966 YCHANGES JUSTINE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16581

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HEAL	IH I	JEN	_

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pup P.M3

in pencil in Item 18 Give Pages

Chief Medical Examiner's

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4 should be forworded

the funeral director. Page

6M 1/66

pending"

please execute the certificate, writing the word

L'AL EXAMINER:

TO DEPUTY ME

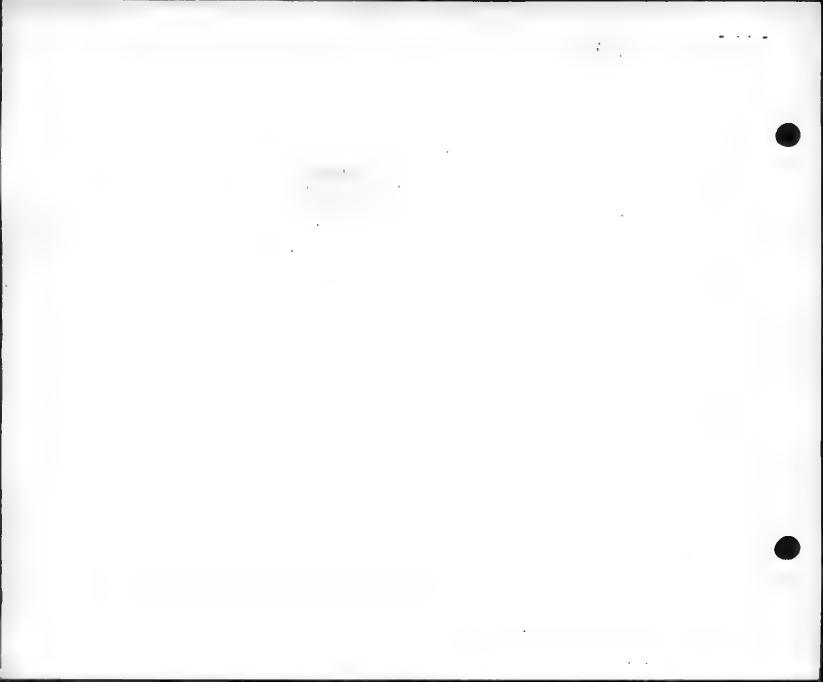
24 hours ofter death

This certificate should be executed within

Department of urs ofter death Office along with form

Ö		0	0.0	
the tuneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with tar		TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and X with the State	Health or its designated ogent, prior to buriol, cremation, or removol, and in any event whith 72 hou	
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VR	Al	5ME	(5)	11/

MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before odmission a COUNTY b COUNTAnne Arundel Marvland Anne Arundel MARYLAND C .ENGTH OF STAY IN 1b b CITY OR TOWN (it putside carparate limits, c CITY OR TOWN (If autside corporate limits, write RURA, and give nearest town) WHILE RURAL good give negrest fown) 111 11 Glen Bürnie d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? North Arundel Hospital 965 Princeton Terrace YES NO [ 4 DATE 3 NAME OF First Middle Renguillo Month Day Year DECEASED OF 23 19 66 Richard 12 J. (Type or print) DEATH IF JNDER 1 YEAR 5 SEX 9 AGE (In years IF JNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARR ED ka ast Durthday Haurs male white D VORCED WIDOWED 9 1949 10o IJSUA, OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) Hardware Fair COMPANY? Cal. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Lhestnut Myrtle Jos€ Ronguillo IS WAS DECEASED EVER NUS ARMED FORCES? 16 SOC AL SECURITY NO 17 INFORMANT Address (Yes, na, ar unknown) (If yes give war or dates at service) 216-48-8081 Mr. Jose Ronguillo (Father) Same as #2 ñone  $n_0$ INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) ) PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE (AUSE (a) Craniocerebral injury 130 DUE TO Canditions, if any, which gave (b) rise to immediate cause (a). DUE TO stating the underlying cause PART II OTHER S GNIFICANT COND TONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN N PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? YES 🖈 NO 20a EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING TO 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) driver in auto-auto collision CAUSE OF DEATH 20c TIME OF INJURY Manth Day, Year 20d INJRY OCCURRED 20e PLACE OF INJURY (Hame farm. (City or town) (County) (State) 10:00 Haur XXX Wh e tactory, street, office bldg, etc.) Not White of work X 23 1966 Brooklyn Pk. Md. A.A. of work 21. I certify that I took charge of the remains described above, held an Autopsy. Inspection | Inquiry and in my coinian Accident K Suicide 🗍 Undetermined manner death resulted fram: Natural causes Hamicide [ CHIEF MEDICAL EXAM NER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER DE SIGNATURE DEPUTY MED CAL EXAMINER 12/25/66 Spitz, M.D **EXAMINER'S** Werner U. Address (Street, city, tawn, or county) NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL, CREMATION, (County) (State) REMOVAL (Specify) Glen Surnic. Ugc. 28.1966 Glen Havem Cemetery Buria. RECD BY REGISTRAR C 2 8 196 Burnie, Md. Singleton

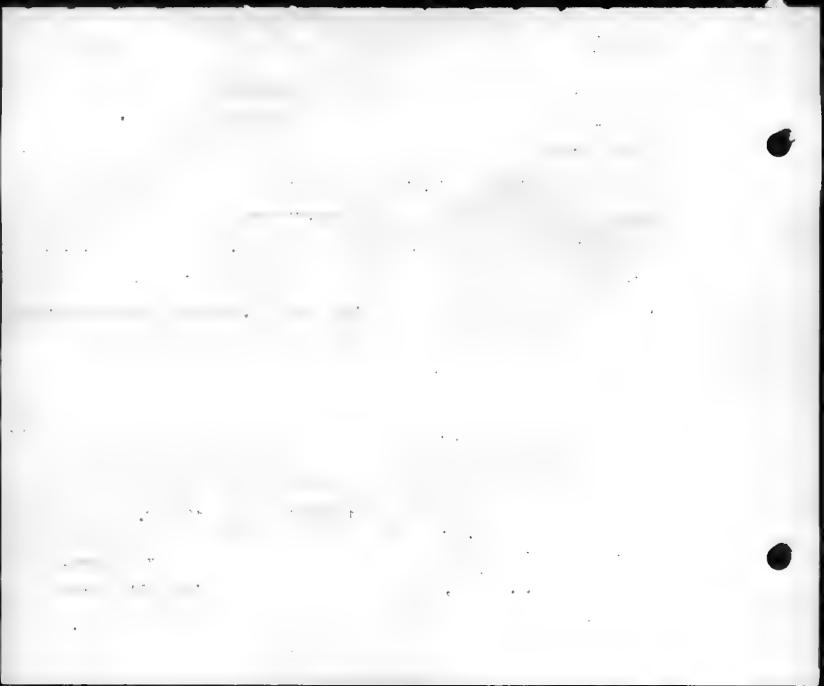


THE MOSPITHIL OR IFFENDING PHYSICIAM: The law requires that the Menth certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending by social and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE CERTIFICATE OF DEATH 1, MARYLAND 16582

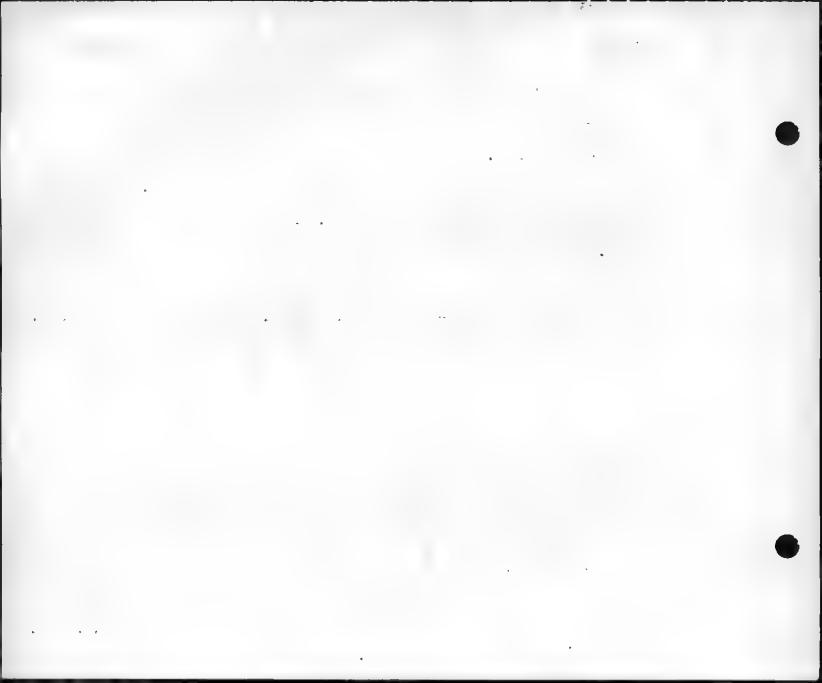
1.	PLACE OF DEATI a. COUNTY	1			2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)					
	ANNE A	PINDET.		MARYLAND	a. STATE MARYT	AND	b. COUNTY	V		
	b. CITY OR TOW	N (if outside corporal and give nearest tow	te limits, n)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate l	mits, write RURAL	and give nearest town)		
	ANNAPO	IS			GREEN	SBORO				
	d. NAME OF HOS	SPITAL OR INSTITUTIO	N (if not in he	ospital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?		
		HOSPITAL			None YES NO					
3.	NAME OF DECEASED	FI	rst	Middle	Last	4. DATE	Month	Day Year		
	(Type or print)	ANNA		MARIE	ROSTIAN	DEATH	DEC	16 19 66		
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (I	n years IFUNDER Irthday) Months	1 YEAR IF UNDER 24 HRS. Days Hours Min.		
F	EMATIC	CAUC	WIDOWED	DIVORCED [	28 NOV 1887	70		Days 110013 (11111.		
10a	. USUAL OCCUPAT	ION (Give kind of work ing life, even if retire	done 10b. K	IND OF BUSINESS OR	11. BIRTHPLACE (Co		in country)   12, Cl	TIZEN OF WHAT		
	House	wife		None	Penn	a.		U.S.A.		
13.	FATHER'S NAM	E			14. MOTHER'S MAID	EN NAME				
1	Adam St	rohmeier			Hele	na Magel	dina			
15 (Y)	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES?   16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address			
	Vo	Annual and an entitle of		None som	RICHARD A	ROSTIEN	GREENSBO	RO MARYLAND		
	18. CAUSE OF	DEATH [Enter only on	e cause per li	ne for (a), (b), and (c).]		-		INTERVAL BETWEEN ONSET AND DEATH		
	PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE	(2)	as dear 1.	mes 7			OHSEL WIND DEWLIE		
	1			/	11 / /	0		11.1		
	Conditions, If	any, which \	1 10	rustius 6	knot bu	lure.		unknow		
	gave rise to	Immediate	(b)	-	1 1			14.1		
	cause (a), s underlying caus		(c) D,	SSeminaTel	( Case nu	matosi	1	androws.		
LION	4		NS CONTRIBU	TING TO DEATH BUT NOT RELA	TED TOTHETERMINAL	DISEASE CONDITION	GIVEN IN PART 1(a)	119. WAS AUTOPSY PERFORMED?		
ICAT		hronic		mphocy Ti	e leup	emia		YES NO		
CERTIFICATION	20a. ACCIDENT OR CONTRIBUT	WAS UNDERLYING TING CAUSE OF DEATHER MEDICAL EXAMI	TH NER)	ESCRUE HOW INJURY OCCU	JRRED. (Enter nature of	injury in Part I or	Part II of Item 18.	)		
		INJURY Month, Day,		NJURY OCCURRED   20e. PLA	CE OF INJURY (Home, fa	rm.! 20f. (City or	town) (Cou	nty) (State)		
MFDICAL	Hour a.i	n.	While at work	Not While facto	ry, street, office bldg., e		, , , , , , , , , , , , , , , , , , , ,			
				ed the deceased from 18	DECEMBER 1	9 66, to 16 I	FCE 19	66that (I) (we) last		
		geased alive on 1.						he date stated above.		
	22a. SIGNATIO		11				22b. D	ATE SIGNED		
M.D. ATTENDING MED. STAFF TO 16 DEC 66										
	22c. PHYSICIA	IN'S	-		22d. ADDRESS					
	I) Januar (I)	PPECOR M.F.	FORNES	, MC USN	NAVAL HOS	PITAL ANNA	POLIS, MA	HYLAND		
232	BURIAL, CREM REMOVAL (Sp	ecify) 23b. DATE		23c. NAME OF CEMETERY			(City, town or cou	inty) (State)		
24	Buria FUNERAL DIR		1-00	ADDRESS	25a. RE	C'D BY REGISTRAR	Sboro	S SIGNATURE		
1	2 6	13		Greensbor	S MA					
± '	oren 6	Bouturs	,	010010001	DATE	C 1 9 196	3 Milian	feet waren		

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MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Division of STATISTICAL RESEARCH AND RE Item 9 Film G784 16583 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution, Residence before admission) o COUNTY **b** COUNTY Page 9 Maryland death, Anne Arundel MARYLAND Anne Arundel delay Department b CITY OR TOWN of outside corporate limits. CLENGTH OF STAY IN 15 c CITY OR TOWN ( f outside corporate limits, write RURAL and give nearest town) and P.M3 write RURAL and give nearest town) after Rural - Miller sville Rural - Millersville d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? haurs Miller sville. Md. ate YES NO X 3 NAME OF Middle Lost 4 DATE Month 72 DECEASED OF The T within Annie Dec (Type or print) Rudorf DEATH 19 66 alang with 1 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH AGE (In years E UNDER 1 YEAR Months lost birthdoy) Doys Hours WIDOWED DIVORCED 83/ female Office Ö event whi te 1884 and 100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? any never worked Germany USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME This certificate should be executed within ⊆ unknown and unknown 17. INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) {(If yes give wor or dotes of service) removal, Mrs. Myrtle E. Deinlein - Millersyille, Ad. 220-48-2145 no INTERVAL BETWEEN IB CAUSE OF DEATH (Enter only one couse per line for (a)/(b), and (c).) burial-transit ONSSE AND DEATH PART I DEATH WAS CAUSED BY ö IMMEDIATE CAUSE (o) crematian, DUE TO Conditions, if any, which gave (b) farwarded ta rise to immediate couse (a). DUE TO stoting the underlying couse last. OS burial, nsed 19 WAS ALTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? YES agent, priar ta pe 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter notice of injury in Port I or Port I) of item 18.) PRIMARY I or CONTRIBUTING I shauld CAUSE OF DEATH 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) 20c TIME OF NURY Month, Day, Year (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) While Not While ot work ot work its designated ook)charge of the remains described above, held an Autapsy 21. I certify that 14 Inspection and in my apinion FUNERAL DIRECTOR: death resulted from: Suicide | Accident Homicide Undetermined monner may be retained CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER. Ħ **EXAMINER'S** Health NAME (Type) Address (Street city, town, or county) 230 BUR AL CREMATION. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) 0 REMOVAL (Specify) 12/28/66 Glen Haven Cemeterv Glen Burnie 250 REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE Hopping VR A15ME (5) Markey Hopping Funeral Home MEC 1966 Annapo

6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 DEATH 16584 \*\*O HOSPITAL OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within 24 haurs after death dea 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) funeral a. COUNTY **b** COUNTY vithin 72 haurs after MARYLAND by the ru b CITY OR TOWN (If outs de carparate limits c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 write RURAL and give regrest town filled in l e IS RES DENCE ON A FARM? OR INSTITUTION (If not in haspital, give street address) YES | NO campletely fi NAME OF First Middle Last DATE DECEASED OF and co. remove co. (Type ar print) DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS A COLOR OR RACE 7 MARRIED NEVER MARRIED TO huthday) Manths Days Haurs DIVORCED crematian, ar remaval, and in any WIDOWED 10b KIND OF BUSINESS OR 12 CT ZEN OF WHAT 10a LSLAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or fareign country) during most of working life even fretined INDUSTRY COUNTRY? physician of the please please 05 13. FATHER'S NAME 14. MOTHER'S MAIDEN Scheidt WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, ar unknown) (If yes give war ar dates af service 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p burial, cremati the PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) physician. DUE TO Canditions, if any, which gave nse ta immediate cause (a). DUE TO ficate has been s far use as the b f Health priar to b stating the underlying cause be retained by the haspital ar attending last. WAS AUTOPSY INOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATION NO this certificate 20g ACCIDENT WAS UNDERLYING 205, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER director, page 3 shauld be detache shauld be filed with the State Dept. MEDICAL 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20r TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED factory, street, office bldg., etc.) Haur a.m. Nat While at wark at wark TO FUNERAL DIRECTOR: After 21 I certify that (1) (this hospital) attended the deceased from M. from couses and on the date stated above. 19 6 Oand that death occurred at saw the deceased alive on 22b. DATE SIGNED M.D DIRECTOR PHYS 22c PHYSICIAN S Page 4 may NAME (Type 23a BURIAL, CREMATION, DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL(Specify)
Burial Loudon Park Cemetery Baltimor, Maryland 250 FRECO BY REGISTRAR 25b REGISTRAR'S SIGNATURE FUNERAL DIRECTOR

DATE

VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		1658	5		CERTIFICATE OF DEATH					16586		
		PLACE OF DEATH					2 USUAL RESIDENCE	(Where decease	id inved, if institution	an: Residence	e befare adn	riss an)
	(	a. COUNTY	Anne Arun	iel		MARYLAND	o. STATE Mar	yland	b. COUN	Anne	Arund	lel
	ŧ	6 CITY OR TOWN (	If outside corporate imit		c LENGTH OF		E CITY OR TOWN (If					n)
			give nearest town)		2 day	•	Tot	hian			1 -	
		d NAME OF HOSPIT	AL OR INSTITUTION (If n	ot in hospita	, give street oddre					<del></del>	e IS	RESIDENCE
	1	Anne Arun	del Genera	1 Hos	pital							A FARM?
	-	NAME OF DECEASED (Type or print)	Geor	ge	Midd Hira	-	SEEDERS	4 DATE OF DEATH	De cen	ber	Day &	Year 19 <b>66</b>
	5 5	SEX	6. COLOR OR RACE	7 MARRI	D NEVER M	ARRIED	8 DATE OF BIRTH	9	AGE (in years lost birthday)	IF JNDER 1		NDER 24 HRS
	P	Male	White	WIDOW	DIN DIN	ORCED	Oct. 12, 1	867	99 Aiz	MOULTS	DOYS 10	חויון צוט
		USJAL OCCUPATION		10b	KIND OF BUSINESS INDUSTRY	OR	MINEYO COUR		eign country) Virginia	COU	IZEN OF WHA INTRY?	\T
	13	FATHER'S NAME	er Se	ede	5		Sirah E	llen ]	Baker			
	†S (Ye		R IN U.S. ARMED FORCES? (If yes give war or dates		6 SOCIAL SECURITY	100.	rs J. L. B.	1+Ksd	Md.	SS		
		PART 1. DEA	EATH (Enter only one con TH WAS CAUSED BY, IMMEDIATE CAUSE	,	for (o), (b), and (c)	)	a 7					BETWEEN ND DEATH
		4330 DUE TO										
	Conditions, if any, which gove ) (b) In Annual Conditions (b)											
		rise to immediat stating the unde		1 / 10								
	- 1	lest.	Trying couse	(c)								
,	ATION	PART II. OTHER SI	GNIFICANT CONDITIONS (	ONTRIBUTIN	G TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEASE O	ONDITION GIVEN	IN PART 1(o)		19 WAS PERF YES	AJTOPSY ORMED?
	CERTIFICATION		S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b.	DESCRIBE HOW INJ	URY OCCURRED.	(Enter nature of injury s	n Part I ar Part	II of stem 18.)			
	MEDICAL	20c. TIME OF INJI Hour a.r p.;	10	W	I INJURY OCCURRED hite Nat White vark ot work		CE OF INJURY (Hame, fo ary, street, affice bldg., e	lt.)	(City or town)	(Cou		(State)
			fy that (I) (\$108€1626		ended the dece	ased fram		. 19, to	Dec. 8			l) ( <del>#e)</del> los
			eceased alive an_	Dec.	8 19 6	6, and tha	t death accurred		fram causes			ated above
		220. SIGNATURE	Ell'i	100	1	M.	11110	4:50 A MED. DIRECTOR	STAFF PHYS.	] 22b DA	ATE SIGNED	
1		22c PHYSICIAN'S NAME (Type				<del></del>	22d. ADDRESS	edral S	St., Anna	apolis	Md.	
	230	BURIAL, CREMATIC			Fort 1	shby		Fort	ATION (City or Ton		(Caunty)	(State)
	24	FUNERAL DIRECTO	)R		ADDRE	SS	2So. RE	C'D BY REGISTR	AR 2,86. RE	GISTRAR'S SH	GNATURE	

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-trans't permit. Then please remove carbon papers. Pages 1 and should be filled with the State Dept, of Health prior to burial, cremation, or refrood and in any event, within 72 hours after deather. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death,

Poge 4 may be retained by the hospital or attending physician.

5 10 E

DATE

2So. REC'D BY REGISTRAR 1 DEC

28b. REGISTRAR'S SIGNATURE Ocharles 966

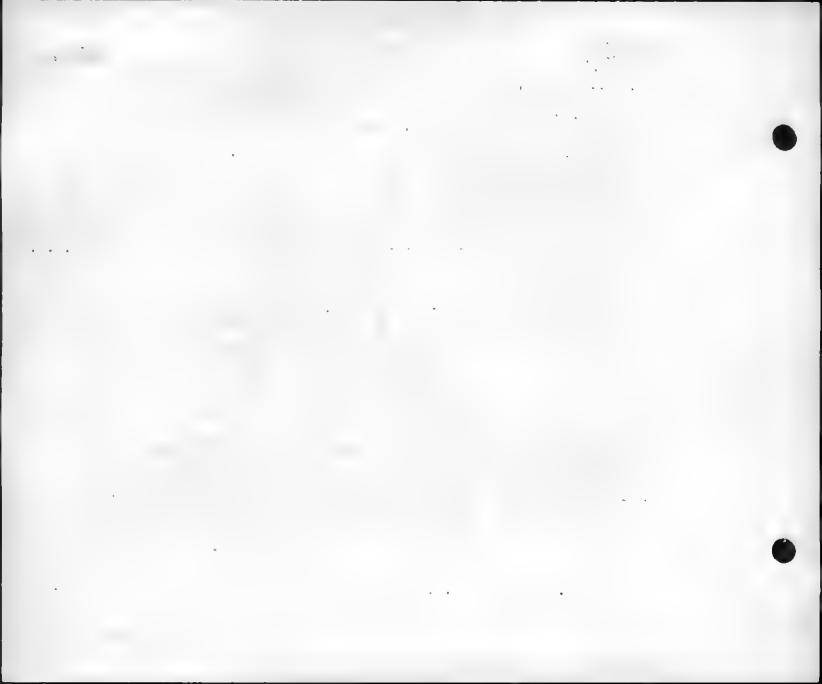


# DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 16586 CERTIFICATE OF DEATH

- CERT	THICAIL OF PLATE	10265
1. PLACE OF DEATH  •. COUNTY	2. USUAL RESIDENCE (Where daceased lived, if Institution	mi Residence defore edmission)
A NINE A DIINTET	e. STATE MO. b. COUNTY	/
b. CITY OR TOWN (if outside corporate limits.   c. LENGTH OF		and give nearest town)
write RURAL and give nearest town)	CI 72 17	
d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street a		. IS RESIDENCE
		ON A FARM?
Kimbrough AH, Ft Geo G Meade, Mc		YES NO X
DECEASED	OF	Day Yeer
(Type or print) Marion Porter Simmons	December December	
S SEX 6. COLOR OR RACE 7. MARRIED NEVER MAI		
	ORCED 24 July 1944 22 yrs	S Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	S OR INDUSTRY   11. BIRTHPLACE (County & State, or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
Soldier U.S. Army	ST LOUIS, MO.	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	-
Marion Simmons	Besie	
		iont Street
13. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY (Yes, no. or unkown) (Ifyesgrovewerordatesofservice) 493-46-065	Besie Simmons(M) St Louis, Md.	TWILL DOLCOO
18. CAUSE OF DEATH [Enfer only one cause per line for (a), (b), an	Double of the first of the first	I INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY.		ONSET AND DEATH
MMEDIATE CAUSE (e) Status Asthm	mations	Minuets _
Condition if any state of Allergic Res	action	
Conditions, if eny, which geve rise to immediate cause		
(a), stating the underlying DUE TO		
Cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DI	DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P	ART I(a) 19 WAS AUTOPSY PERFORMED?
CAI		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DI  200 ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJU  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTHEY MEDICAL EXAMINER)	URY OCCURRED. (Enlar nature of injury in Part I or Part II of Item 18.)	
3 20c TIME OF INJURY Month, Day, Year , 2Dd. INJURY OCCURRE		County) (Siete)
20c TIME OF INJURY Month, Day, Year Hour a.m. While Not While at work at work	factory, street, office bldg., etc.)	
	ased from 7:04hrs 23Dec1966, to 8:10 hrs 23	Bankhi . mr. ( )
saw the deceased alive on 23Disc	., and that death occurred at 8: 10PM om the causes and on	
C. + H. T. C. +	ATTENDING MED. STAFF	226. DATE SIGNED
22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS.	23 DRE 66
NAME (Type) STUART H. BRAGER, CPT, A	MC Kimbrough AH, Ft Geo G. Me	ede Md.
DEMOVA! (Speciful	F CEMETERY OR CREMATORY 23d, LOCATION (City, town or co	- **
BURIAL DEC.30,1966 JEFFERS	ON BARRACKS NATIONAL, ST.LOUIS, MISSO	URI
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS		'S SIGNATURE
Harold S. Wade, 550 Wash. Blvd., Laur	el, Maryland DATE JAN 3 1967	. a lidar



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16587 CERTIFICATE OF DEATH **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH · COUNTY Anne Arundel b. COUNTY Maryland MARYLAND dase remove corbon papers. Pages and in any event, within 72 hours after by the to Poges C LENGTH OF STAY IN 16 b CITY OR TOWN (If auts de corporate limits, c CITY OR TOWN (If outside corporate irmits, write RURAL and give nearest town) write RURAL and give negres town Baltimore 9mos. 5days d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Crownsville State Hospital 1021 N. Castle Street NO K 3 NAME OF Middle 4. DATE Manth 12 #23478 16 19 66 (Type or print) Benjamin Smith DEATH Wise IF UNDER 24 HRS AGE ( n years IF JNDER 1 YEAR 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH (birthday) عوالي در 12/25/1937 Negro WIDOWED DIVORCED Male 10a, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY U.S.A. during most of working life, even if retired) INDUSTRY Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lillian Benjamin Smith burial, cremation, or rem 17. INFORMANT Address 1S WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dates of service) 215-34-0619 Hospital Records INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter any one couse per line for (a), (b), and (c)) signed by the burial-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Congestive Heart Failure IMMEDIATE (AUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospitol or ottending physicion. DUE TO Hypertension Canditians, if any, which gave rise ta immediate couse (a), DUF TO ficote has been s for use os the b f Health prior to b stating the underlying cause Glomeruldnephritis, Chronic PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOL WAS AUTOPSY PERFORMED? NO Schizohrenia Reaction. Chronic Undifferentiated 20o ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH director, page 3 should be detoched should be filed with the State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) factory, street, office bldg., etc." Hour a.m. Not While at wark , 1962\_, to. 12/16/, 1966, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram\_ 3/21 12/16/ 1966, and that death accurred a5:15 M, fram causes and on the date stated above. TO FUNERAL DIRECTOR: saw the deceased alive an\_ 22b. DATE SIGNED 22a, SIGNATURE STAFF PHYS. ~ 12/16/66 M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Crownsville State Hospital, Md. Genedict. M.D. NAME (Type) 23d. LOCATION (City or Town) 23g BURIAL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) 2Sa. REC'D BY REGISTRAR FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATUR VR A15 (4) 20 M 1/66 CL2 PDATEDEC



funeral and 2 r death. hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attachding chysician and completely filled in by the f director, page 3 should be detached for use as the burial-trans.t permit. Then please remove carbon papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within Page 4 may be retained by the hospital or attending physician.

	B.040.00					PARTMENT OF			DE 4 B	1 A DWI	AMP		
	1658		GAL RESE	CERTIFIC		OS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND TE OF DEATH 16589							
4	PLACE OF BEAT	H		MARYL	AND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission a. STATEM							
	b. CITY OR TOW	N (if outside corpora	te limits, va)	c. LENGTH OF STAY	N 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town Pasadena							
	d. NAME OF HO	NAGM NAGM	ON (If not in h	ospital, give street ad	dress)	d. STREET ADDRESS 1214 River	rside D	r Och B	ch		ON A F		
),	NAME OF BECEASED (Type or print)	Marr	irst <b>y</b>	Middle	Spec		4. DATE OF DEATH	Dec	6	Day	Yea 19	66	
1	SEX Vale	6. COLOR OR RACE White	7. MARRIED WIDOWED	DIVORCED		Apr 1,1893		AGE (In years last birthday) 73 yrs.	Months	Days	Hours	Min.	
tu	Ing right of work	IION (Give kind of world ling life, even if retire	the Che	NO OF BUSINESS OR POUSTRY CASE & EL	.ec	Penna Penna		or foreign country		OUNTRX	A WHAT		
3.	FATHER'S NAM	Aaron S	pecht			14. MOTHER'S MAIDEN NAME Emma Rahauser							
Ye	. WAS DECEASED s, no, or unkown)	EVER IN U.S. ARMED F   (If yes give war or dates	ORCES? 16. of service)	SOCIAL SECURITY NO.		INFORMANT Fem11v		Addres					
	18. CAUSE OF	DEATH [Enter only of EATH WAS CAUSED B' IMMEDIATE CAUSE	1: //6	ine for (a), (b), and (c).		eif intere	tion				RVAL BE ET AND	DEATH	
	Conditions, if	any, which	1	rang arter	io	clarke he	Part a	locase		21	nai	The	
	gave rise to cause (a), s underlying cau	tating the DUI	(c) ade	nocarcu	cerre	a of the	prost	he glas	ed	37	1	ean	
DEN LO	PART II. OTHER	SIGNIFICANT CONDIT	ONS CONTRIB		OT RELA		DISEASE COND	ITION GIVEN IN	PART 1(a)	19. YE	WAS AL PERFOR S		
CENT	OR CONTRIBUT	WAS UNDERLYING ING INCOME. CAUSE OF DEATHER MEDICAL EXAM	TH	DESCRIBE HOW INJUR	Y OCCU	RRED. (Enter nature of	f Injury in Pa	rt   or Part    o	f Item 18	3.)			
i l	20c. TIME OF	INITIRY Month, Day,	Year   20d. I	NJURY OCCURRED 120	Oe. PLA	CE OF INJURY (Home, fa	arm.   20f. (	City or town)	(Co	unty)	(	State)	

factory, street, office bidg., etc.)

death occurred

ATTENDING PHYS.

22d.

Hour a.m. 19 p.m. 21. I certify that (I) (this hospital) attended the deceased from

Not While at work

that (I) (we) last

causes and on the date stated above.

saw the deceased alive on 22a, SIGNATURE

PHYSICIAN'S NAME (Type)

M.D.

and that

ADDRESS MED. DIRECTOR STAFF PHYS.

22b. DATE SIGNED

BURIAL, CREMATION, ELEMONAL (Specify)

22c.

23b. DATE THEREOF 12/9/66

NAME OF CEMETERY OR CREMATORY 23c. Woodlawn Cem

23d. LOCATION (City, town or county)

(State)

FUNERAL DIRECTOR

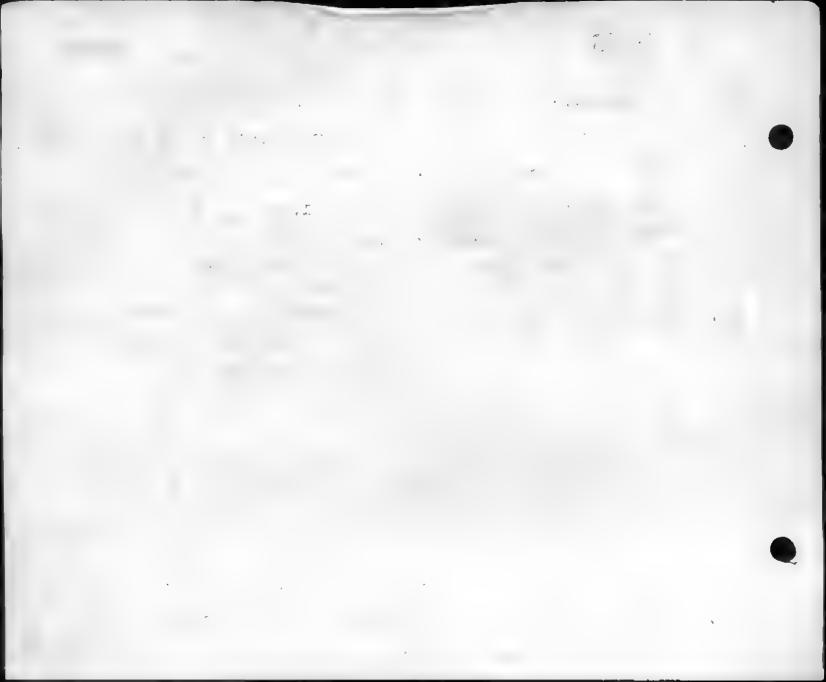
ADDRESS

Balto Md Co REGISTRAR'S SIGNATUR REC'D BY REGISTRAR 25a.

McCully F H 237 Patapsco Ave

BEC

25b. 1966



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

نے	~ 4		3	16589 CERTIFICATE OF DEATH	6590
24 havrs after death	l ond 2			PLACE OF DEATH  2 USUAL RESIDENCE (Where deceased lived, if institution Residence of COUNTY of STATE b. COUNTY	1 11
fiter of the	es l ifter		3	H. H. Co. MARYLAND THE FLY I AND CONTROL OF THE PROPERTY OR TOWN (I outside corporate limits, write RURAL and give	HK4 Mdel
urs aft	bon popers. Poges 1 within 72 hours after			write RURA-pid give neorgest town) (Flen BUKNIE 11415. Flen BURNIE.	
4 ha	ers. 72 ño			d NAME OF HOSPITAL OR INSTITUTION (If not in hospitar, give street/address)  d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
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be executed within 24	t, wit			NAME OF First Middle Lost 4 DATE Month OF CASED (1/2/11/2/11/2/11/2/11/2/11/2/11/2/11/2	28 19 66
uted	lease remove corl and in any event,			SEX 6 COLOR OR RACE 7 MARRIED 1 NEVER MARRIED 1 8 DATE OF B RT 9 AGE (In Years IF JINDER I	
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certificate			13.	FATHER'S MAME 14 MOTHER'S MAIDEN NAME	7010
- C / Je	Then		16	ETEA J. LIVE CAROLINE L-EIGER	
leoth	permit. The			WAS DECEASED EVER IN U.S. ARMED FORCES?  Address  16. SOCIAL SECURITY NO  17. INFORMANT  Address  Address  Address  Address	Carter 2
requires that the death g physician.	13			18 CAUSE OF DEATH (Enter only one couse per line for, (a), (b), and (c))	INTERVAL BETWEEN
that n.	-transit			PART 1. DEATH WAS CAUSE BY Corely - Votella besident	ONSET AND DEATH
ires 1 /sicia	7 1			Conditions, if any which gave) (b) Artetroselerosis peneral	
requ g ph				nse to immediate cause (a). stating the underlying cause DUE TO	
The law rattending	1 = 1			lost (c)	19 WAS AUTOPSY
	35	*	TION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	PERFORMED?
PHYSICIAN: e hospital or bis configurate	for use		CERT FICATION	20a ACCIDENT WAS UNDERLYING   20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH	
1YSIC hospi	detoched i e Dept. of			(IF EITHER, NOTIFY MEDICAL EXAMINER)  20k TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f (City or fawn) (Caul	nty) (State)
	be detoche Stote Dept.		MEDICAL	Hour a.m.  p.m.  19  White of work of	(3.4.0)
NION Vd by	d be			21. I certify that (I) (this haspital) attended the deceased fram. 1964, 19 to Die of 196	6, that (I) (we) last
ATTENDIN etoined by	should with the			saw the deceased office an Dec 15 1966, and that death accurred at 236 M, fram causes and an th	JE SIGNED /
OR / be re	e 3 s			M.D. PHYS. DIRECTOR DIRECTOR DIPHYS. DIPHYS. DIPHYS. DIPHYS.	30/1966
TO HOSPITAL OR ATTENDING Poge 4 may be retained by the Fine Park of May be retained by the Fine Park of the Fine Park of the P	director, poge 3	1		PHYSICIAN'S NAME (Type) / TOIEPH TALER 22d ADDRESS Physical Ref. Cleu	Blequie, My
HOSI	recto rould	,	230	REMOVAL (Specify)	(County) (State)
		1	74	AUNIAU DE 31 1966 LORESINO PARA 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	GNATURE .
VR 20	A15 (4) M 1/66	, ,	6	Singleton Fragen Home / Rlon Burnie pol DATUAL 3 1967 Charle	en Under



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1659n CERTIFICATE OF DEATH Sports PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) e. COUNTY b. COUNTY by the and 2 death. ANNE ARUNDEL MARYLAND ANNE ARUNDEL MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) FT GEO G MEADE after DAYS SEVERN Pages within filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE hours ON A FARM? KIMBROUGH ARMY HOSPITAL ROUTE #3, BOX 89B papers. n 72 ho YES NOX 3. NAME OF Middle 4. DATE Month Yeer DECEASED within WANDA (Type or print) KATHERINE SITTLEY DECEMBER DEATH 29 19 66 carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and lest birthdey) Months Min. Davs REMALE CAU WIDOWED [ DIVORCED [ **Shysician** remove 10s. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if setired) Housewife Home CLEVELAND OKLAHOMA USA piease \_= 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME altending JOHN WIPPLE SARAH CATHERINE WITT oval. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (If yesgiyewar or detes of service) Smith Sutley (husband) Same as Item #2 permit. م 1B. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN 5 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatis Carcinoma of liver cremation, Carcinoma of breast Conditions, if eny, which geve rise to immediate cause DUE TO (a), steting the underlying (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY 9 CERTIFICATION PERFORMED? prior 1 K NO [ detached for 200. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED I 20e. PLACE OF INJURY [Home, ferm, ] 20f. (City or lown) (Stele) Month, Day, Year (County) ŏ factory, streat, offica bldg., etc.) While Not While Hour e.m. DIRECTOR: 3 should be de at work et work 12 Dec 1006 to 29 Dec ....., 19.66, that XI) (we) last 21. I certify that xi) (this hospital) attended the deceased from..... State Dec 19 66, and that death occurred at 100 M, from the causes and on the date stated above saw the deceased alive on.... 22e. SIGNATURE DATE ..... Page 4

D FUNERAL irector, page 2 ATTENDING SIGNED DIRECTOR PHYS. PHYS. M.D. PHYSICIAN'S 22d. ADDRESS BRCHER, CPT, MC AH. KIMBROUGH FGGMMD 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 0 - 8 REMOVAL (Specify) INGTON NATIL FORT MYERS. 25m. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) 20M 5 63

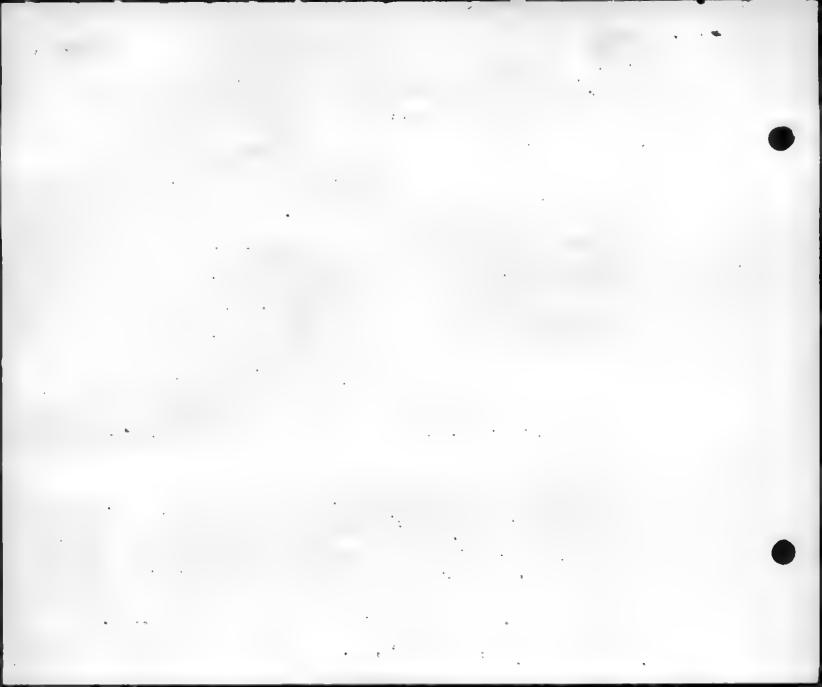
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
65Q1
CEDTIFICATE OF DEATH

i	TOOAT		CERTIFIC	AIL	UF DEA	ın				$\mathbf{D}$	<u> </u>
71.		ANNE ARUNDEL		- 11	2. USUAL RESID	ENCE (Whe	re decease			idence	before admission)
,	COUNTY	JE Mayor			a. STATE	3.6	9 9	b. COUN	łTY ,		
-	b CITY OF TOWN OF	outside corporate limits,	C. LENGTH OF STAY IS		c. CITY OR TOWN		rland		He DIDAL S	nd alv	nearest town)
	write RURAL and	give nearest town)	O. CLIMIN OF STATE	" 1	c. cill or roun	t (ii ou taiou	COLPOIN	kee impical ai	110 11010100 0	6.11	~ /
_	Annapo		15 months			Miller	svil	le			-
	d. NAME OF HOSPITA	AL OR INSTITUTION (if not in	hospital, give street add	ress)	d. STREET ADORI	ESS				6.	IS RESIDENCE ON A FARM?
	Bost Monoy	Nursing Home			10.7		D	,		Y	ES X NO
3.	NAME OF	First	Middle	!!	Last	vaton		Monti	1	Day	Year
	OECEASEO 1	1		11/		D:	F EATH	3		7	20//
5.	(Type or print) (A)	COLOR OR RACE   7 MARRIE	- book		DATE OF BIRTH			Je a	15 TIMDED 1	VEAD II	19 6 6 FUNDER 24 HRS.
٥.	3LA 0.	COLOR OR RACE 7. MARRIE	O NEVER MARRIEO	조선   °°	DATE OF BIRTH					avs.	Hours   Min.
_		White WIDOWE	D DIYORCED	<u></u> 9	9 Oct. 1	904		62 yrs.			
	a. USUAL OCCUPATION ring most of working i		KING OF BUSINESS OR INOUSTRY	Ì	11. BIRTHPLACE	(County &	State, er i	fereign sountry	) 12. CIT	IZEN C	F WHAT
"	Retired		INCOOTE		Corrobe	3/4	1			USA	
13	. FATHER'S NAME				14. MOTHER'S N	AIDEN NAN	AE				
	Т	77. 3				*1 0	_				
37	Ira	Wade	6. SOCIAL SECURITY NO.	17 1	A. NEDRMANT	lice	Duva	Addres			
ŔΫ	es, no, or unkown) (1fy	res give war or dates of service)	o. SOCIAL SECORITI NO.								
_	no		`	R	ussell C	<ul> <li>Wade</li> </ul>	sa sa	me as	2		
	18. CAUSE OF DEAT	H [Enter only one cause per	line for (a), (b), and (c).]	1	- 1	11		// 1		INTER	VAL BETWEEN T ANO OEATH
		WAS CAUSED BY:	Ineumon	ui.	35	low	4	lob	١	UNOR	, AND OEATH
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	Conditions, If any,		Julmon	ane.	1 lde	ma	-			5	acrys
1	gave rise to imn	nedlate (	A.		1	A 7	6	1			
	cause (a), statin underlying cause la:	g the	mailing	40	110-	1 1	rul	unp			
Z		ST. (c) IFICANT CONDITIONS CONTRI	RUTING TO DEATH BUT NOT	T DEL ATI	EO TO THE TERMIN	AL OISFASE	CONOIT	ION GIVEN IN	PART 1/a)	119.	WAS AUTOPSY
Ē	-	0	V-9-	· Namerica			1				PERFORMED?
FIG		rupull	rolle (	0-6	deovi	no	len	-du	the	YES	NO [
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	OESCRIBE HOW INJURY	OCCUR	REO, (Enter natur	e or sulmry	Mr Part	lor Part II o	n nem 18.)		
¥	20c. TIME OF INJU	RY Month, Day, Year   20d.			OF INJURY (Hom		Of. (CIt	y or town)	(Coun	ty)	(State)
MEDICAL	Hoer a.m.	Whit	I TOT YYDIE I	factory	, street, office bid	g., etc.)					
Σ	p.m.	19 at wo		- 10	ad		7		/		
П		at (I) (this hospital) atter	ided the deceased from	m	73	كر 19 في 19 ,			,		ot (I) (we) last
1	saw the deceas	ed alive on 7	5 9 19 600, and	d that o	death occurred	at 235 M	A, from	the causes			
	228. SIGNAPORE	X			ATTENOING	HEO		PTACE	22b. DA	TE SIG	NEB /
M.D. PHYS. MEO. STAFF D / 7 2/6										68	
	22c. PHYSICIAN'S NAME (Type)	Ray M. Smith.	M D?		Severn	S Dark	- MA	RYLAND			
1	TURME (Type)	and and pure off	TI-DI		Devern	a rain	ra tribi	FEET TONIES			
23	a. BURIAL, CREMATIO	ON, 23b. DATE THEREOF	23c. NAME OF CEM	EVERY (	OR CREMATORY	23d	. LOÇA	TION (City, to	OWN OF COLF	ιξy)	(State)
	REMOVAL (Specify	E Dec 10//	M3		Manual I	- 7	Нател	ma C-	Ma		
2	Burial  4. FUNERAL DIRECTO	1 5 Dec.1966	ADDRESS	T.106	e Memori	REC'D BY	HOW8 REGISTR	AR   25b. R	EGISTRAR'S	SIGNA	TURE
1	_					DEC	C	1966			Judge
	Airkley F	uneral Home. C	Hen Burnie.	Md.	DATE	FILL	J	1900	1		1 0

VR AI5 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16592

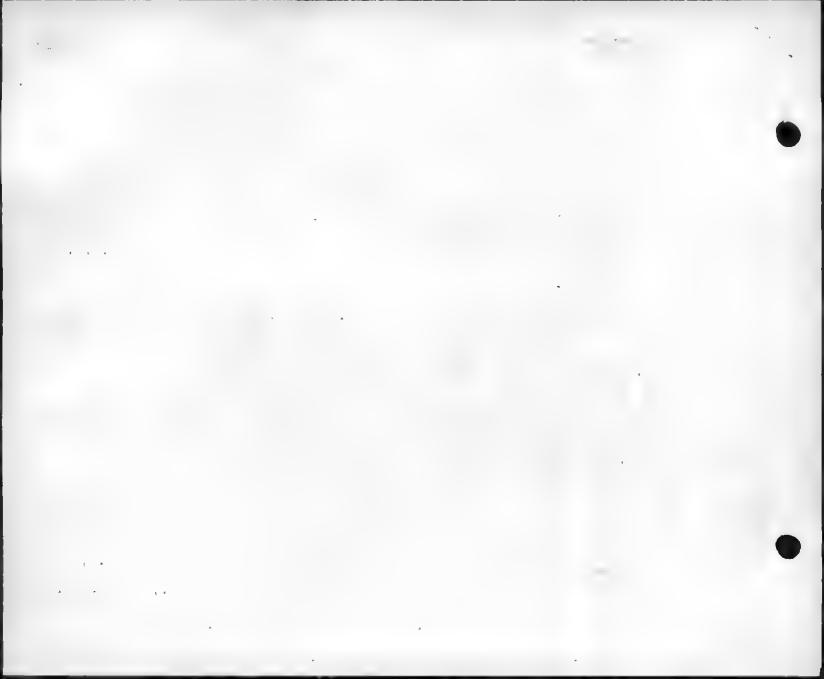
CERTIFICATE OF DEATH

16594

	2 USUAL RESIDENCE (Where deceosed inved, if institution. Residence before admiss on)									
	0	ANNE ARUNDEL	MARYLAND	o. STATE MARYLAND b. COUNTY ANNE AZUNDEI						
	b	CITY OR TOWN (If outside corporate timits,	c LENGTH OF STAY IN 15	c CITY OR TOWN (If outside corporate +mits, write RURAL and give nearest town)						
		write RLRAL and give nearest fown) GLEN BURNIE	3%. Years	GLEN BURNIE (Rippling Ridge) .						
		I NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g		d STREET ADDRESS  e IS RESIDENCE ON A FARM?						
1		1254 Aster Orive (Ripp	pling Ridge)	1254 Aster Drive YES NO						
		NAME OF First DECEASED	Middle	Last 4. DATE Month Doy Year						
	_(	Type or print) SHARON	JUNE	WALSH December 8, 19 66						
	5 5	, 1141111	NEVER MARRIED	3. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR 1 IF UNDER 24 HR.						
	F	emale White WIDOWED	DIVORCED	Feb. 6, 1963   3 y/s						
			ND OF BUSINESS OR	11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT COUNTRY?						
	aurii	ng mast af warking life, even if retired) INI	DUSTRY	Baltimore, Maryland U.S.A.						
	13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
		Mohn F. Walsh		SHFLVA Winebrenner						
	15.		SOCIAL SECURITY NO. 17.	NFORMANT Address						
	() es		None Mr	. John F. Waish (father) Same as #2						
		18. CAUSE OF DEATH (Enter only one couse per line for		NTERVA. BETWEEN						
		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) BR	ATN DAMAGE	ONSET AND DEATH						
		303.5 DUE TO	, (E) ( (S) ( ) ( (A) (E)							
		Conditions, if any, which gave ) (b) M	ENTAL RETARD	ATION						
		rise to immediate cause (a), Stating the underlying cause								
		los1 (c)								
	<b>z</b>	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)								
)	8	BRONCHITIS		HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19 WAS AUTOPSY PERFORMED? YES \( \sum \) NO \( \sum \)						
_	CERTIF, CATION	20o ACCIDENT WAS UNDERLYING ☐ 20b. DE	SCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part I or Part 11 of item 18.)						
		OR CONTRIBUTING ( CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
	MEDICAL	Total Lines of Historic Indicate, poly		E OF INJURY (Home, form, 20f (City or town) (Caunty) (State)						
	뷯	Hour a.m. While at work		ory, street, affice bildg., etc.)						
		21   Legitify that (I) (this hashital) attend	ded the deceased from_3	Time 6 17, 19 13, to North 1379 (c/c that (1) (we) 10						
	- 1	saw the deceased alive an Alone makes	-23 1966, and that	t death accurred at 7.350.M, from causes and an the date stated abo						
	ı	220. SIGNATURE		ATTENDING MED STAFF 22b. DATE SIGNED						
		frage Ne	mer MI	D. PHYS DIRECTOR L. PHYS. L. Dec. 8, 1966						
		22c. PHYSICIANS NAME (Type)	-	22d. ADDRESS						
		Thos Remer H		University Hosp., Aalto. Md.						
	230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR							
		REMOVAL(Specify) Dec 12,1966		's Cemetery Mt. Savage, Maryland						
	24	FUNERAL DIRECTOR	ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
1		RICHARD V. SINGLETON	BLEN BURMIE	MA DATE DEC 9 1986 Clearles Judge						

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or rendered, and in any event, within 72 hours after death. Poge 4 may be retained by the hospital or ottending physician. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16593

FOR STATE

P.M.3 Page

sengmer's Office along with form in penal in Item 18. Give Pages 1,

This certificate should be executed within 24 hours ofter death 11

2, ond 3 to

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

16595

T	PLACE OF DEATH O COUNTY	2 USUAL RESIDENCE (Where deceased I ved, f institution. Residence before admission) o STATE b COUNTY								
1-	the CITY OR TOWN ( floutside corporate limits, and tender that the CITY OR TOWN ( floutside corporate limits, and the CITY OR TOWN ( floutside corporate limits, and the CITY OR TOWN ( floutside corporate limits, and the CITY OR TOWN ( floutside corporate limits).	THE CLEAN DO TO HOLD IN THE COURT OF THE COU								
	write RURA and give negrest tawn)	c CITY OR TOWN ( f outside carparate limits, write RURAL and give nearest tawn)								
_		d STREET ADDRESS								
	d NAME OF HOSPITA. OR INSTITUTION (final in haspital give street address)	ON A FARM?								
	Friendship Airport									
3	NAME OF Frst Middle DECEASED	Lost 4 DATE Manth Day Year OF DEATH / 2 19 6 6								
5	CType or prot)  SEX  6 COLOR OR RACE  7 MARRIED  NEVER MARRIED  8	DEATH 19 AGE (In years   JEUNDER 1 YEAR   TEUNDER 24 HRS								
3	SEX 6 COLOR OR RACE 7 MARRIED WIDOWED DIVORCED DIVORCED	March 15, 1903 (Sprinday) Months Days Hours Min								
1D	O USUAL OCCUPATION (Give kind of work dane) 10th KIND OF BUSINESS OR	II B RTHPLACE (State or foreign country) 12 CITIZEN OF WHAT								
ďu	ring most of topking le even if retired) INDUSTRY  Gas & Electric Co.	Russia COUNTRY?								
	FATHERS NAME	14. MOTHER'S MAIDEN NAME								
	Morris Wasserman	Pania Cuashway								
15	WAS DECEASED EVED IN U.S. ADMED EDDESS	Ronia Sugarman  Address								
(Y	s, no, or unknown) [(If yes give war or dates at service) Unknown	rs. Evelyn Wasserman, 3615 Clarinth Road								
-	18 CAUSE OF DEATH (Enter only one cause perling for (a) (b), and (c))	INTERVAL BETWEEN								
	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (of Cause Comments)	ONSET AND DEATH								
	434, 4 DUE TO									
	Canditians, if any, which gave ) (b)									
	rise ta immediate cause (a), stating the underlying couse									
	last (c)									
2	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  9 WAS AUTOPSY PERFORMED?								
FICATION		YES J NO 🗗								
CERT	PRIMARY 🗀 or CONTRIBUTING 🗆	Enter nature of in ury in Part - ar Part II of item 18.)								
MEDICAL	20c T ME OF INJURY Month, Day, Yeor 20d INJURY OCCURRED 2De PLAC	E OF INJURY (Home, form, 2Df (City ar tawn) (Caunty) (State)								
Ä	Hour a m. While at work at wark	pry, street affice bldg etc)								
	21 I certify that I took charge of the remains described above, hel	d on Autopsy , Inspection , Inquiry , and in my opin on								
		de , Homicide Undetermined monner								
		CHIEF MEDICAL EXAMINER								
	SIGNATURE	M.D ASSISTANT MED CAL EXAMINER								
	EXAMINER'S	DEPUTY MEDICAL EXAMINER DE								
_	NAME (Type) /= /- /- /- /- /-	Address (Street, city, tawn, or county)								
23	o BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR (									
-0	REMOVAL (Specify)  Burial  FUNERAL DIRECTOR  REMOVAL (Specify)  12/4/66  Beth Thiloh ADDRESS  ADDRESS	Baltimone Manuland  25g RECD BY REGISTRAR 2 25b REGISTRAR'S SIGNATURE								
C	of Levinson & Bros. Inc., 6010 Reisterst	DAIL I DAIL DE O 1300 K								

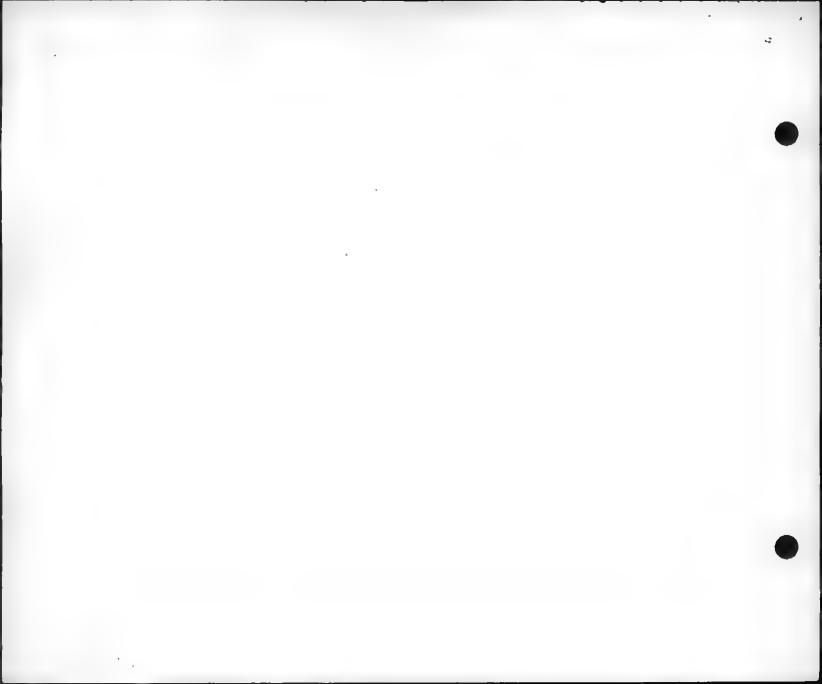
VR ATSME (SIN

5 may be retained for your files

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the State Department of

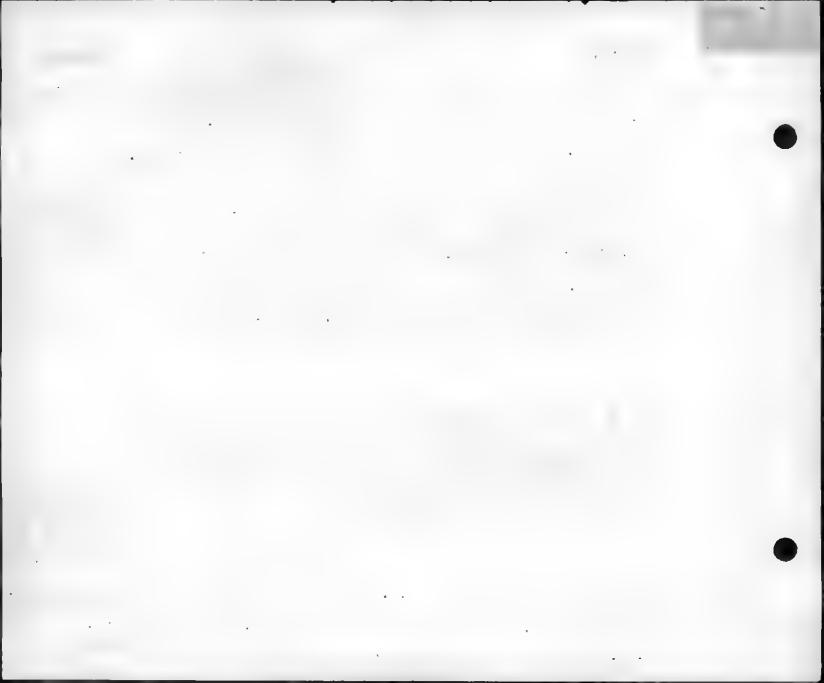
necessory, please execute the certificate, writing the word "pending" in the funeral director, Page 4 should be forwarded to the Chief Medical.

TO DEPUTY MEDICAL EXAMINER:



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

= TONE		16594	CERTIFICATE	OF DEATH		16546
neral and 2 death.		LACE OF DEATH			Where deceased lived, if institution: Re	sidence befare admission)
that the death certificate be executed within 24 haurs after death an.  by the attending physican and campletely filled in by the funeral ransit permit. Then please remave carban papers. Pages 1 and crematian, or remaval, and in any event, within 72 hours after death crematian.		ANNE ARUNDEL	MARYLAND	o. STATE MARY	LAND 5. COUNTY	NNE ARUNDEL
by the fun Pages 1		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c LENGTH OF STAY IN 16	C CITY OR TOWN (If ou	tside corporate limits, write RURAL and	give nearest tawn)
haurs n by th s. Pag hours		GLEN BURNIE	12 Days	GLE	BURNIE	0-1.1
ha in b irs. 2 ho		NAME OF HOSPITAL OR INSTITUTION (If not in hosp		d STREET ADDRESS		e IS RES DENCE ON A FARM?
within 24 har ely filled in b ban papers. within 72 ho		NORTH ARUNDEL HO	SPITAL	104_	MAPLE LANE N.W.	YES NOW
ithii All All All All All All All All All All		AME OF First	Middle	Last	4 DATE Month	Doy Year
d w erel arb		Yee or print) EMORY		WATTS	OF DECEMBER	6 19 66
campletely cave carbar y event, wi	S.	EX 6 COLOR OR RACE 7 MARI	RIED NEVER MARRIED 8	DATE OF BIRTH	9 AGE (In years IF UN last birthday) Mont	IDER 1 YEAR OF JNDER 24 HRS This Doys Hours Min.
xec may		MALE WHITE WIDO	WED DIVORCED .	IANUARY 30,1	1885   81 yii	itis Dots Hills,
and in any event, within and in any event, with	10a	USUAL OCCUPATION (Give kind of work done og gost of working life, even if retired)	OB KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County)	& State, or foreign country) 1	2 CIT ZEN OF WHAT
a season pub	401	RABOSSR Mechanic (Ret	) BRO RAILROAD	ANNE ARUNT	DEL CO. MARYLAND	COUNTRY? USA
physican physican en please aval, and	13.	FATHER'S NAME		14 MOTHER'S MAIDEN N	IAME	
ding physical Theory of Th		George O. Matts		Elizat	beth Friedhoffe:	r
# # 19 19	15	WAS DECEASED EVER IN U.S. ARMED FORCES? , no, or unknown) ((If yes give war ar dates of service)	16 SOCIAL SECURITY NO 17 IN	FORMANT	Address	
attendii attendii permit. ian, or re	(10	No None	721-10-9809 Mr	s. Fmma R.	Watts (wife) S	ame as #2
the d e attr perr itian,		18 CAUSE OF DEATH (Enter only one couse per lin	( () () ()			INTERVAL BETWEEN
that than the by the ransit cremati		PART I. DEATH WAS CAUSED BY:  AMMEDIATE CAUSE (a)	romboses Ly	middle co	retral artery	ONSET AND DEATH
		53dX DUE TO	Υ ,		retral artery	
equires physici signed burial-1 burial,		Conditions, if ony, which gave (b)	oretral art	erusclo	20000	
n sign		stoting the underlying cause DUE TO				
> 늘 용 뜬 ㄷ		last. (c)				
he la intendias bi ias bi e as e as	×	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO TI	HE TERMINAL DISEASE (ON	IDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?
te t	NE S					YES NO
ICIAN: pital ar tificate d far p af Healt	CERTIFICATION	20o. ACC DENT WAS UNDERLYING ☐ 20 OR CONTRIBUTING ☐ CAUSE OF DEATH	b. DESCRIBE HOW INJURY OCCURRED. (	Enter nature of injury in 1	Port I or Port II of Item IB)	
YSIC aspi cert cert hed hed		(IF EITHER, NOTIFY MEDICAL EXAMINER)				
PHYSIC ne haspi this cert etached Dept. a	MEDICAL			E OF INJURY (Home, form iry, street, office bldg., etc.)		(Caunty) (State)
<b>७</b> ≠ _ ₽ ₽	Z	p.m. 19 o	t wark U ot work U			
d by After d be e Sta		21. I certify that (I) (this haspital) g	itended the deceased fram 🗸	1/28,1	966, 10/2/5	19 <u>66</u> , that (I) (we) las
OR: Jack			5 1966, and that	death accurred at	7 M, fram causes and a	
Mark Table		220 SIGNATURE	- 11	ATTENDING 🖂	MED STAFF	b DATE SIGNED 8, 196
y be re 1 DIRE age 3 filed w		220 PHYSICIAN'S	poto M.D	PHYS 22d. ADDRESS	DIRECTOR LI PHYS. LI	00000001
AL AL Page Page 1		NAME (Type) Ernest Leip	old M.D.		in Hwy. S/E Gle	n Aurnie, Md.
TO HOSPITAL Page 4 may to FUNERAL Didirector, page shauld be file	99.	BURIAL (REMATION, 23b. DATE THEREOF	23¢ NAME OF CEMETERY OR C		23d. LOCATION (City or Town)	(County) (State)
FO Fire Charles	230	DEMOVAL /Speciful				
5-5-0	24	BUTIAL DEC. B, 196	ADDRESS	2So RECO	BY REGISTRAR 2Sb REGISTRA	
VR A111 (2) 20 M 1/66		R. V. Singleton Glen		DATE OF	C I 2 1966 /Ca	arles Judge



## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16595 FOR STAT HEALTH

arry delay is

pages 1 and 2 with the State Department of

5 may be retained for your files.

Health ar its designated agent, priar to burial, cremation, ar removal, and in any event within 72 haurs after death. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File

necessary, please execute the certificate, writing the ward "pending" in penal in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief Medical Examinar's Office along with form PM3 Page

This certificate should be executed within 24 hours after death

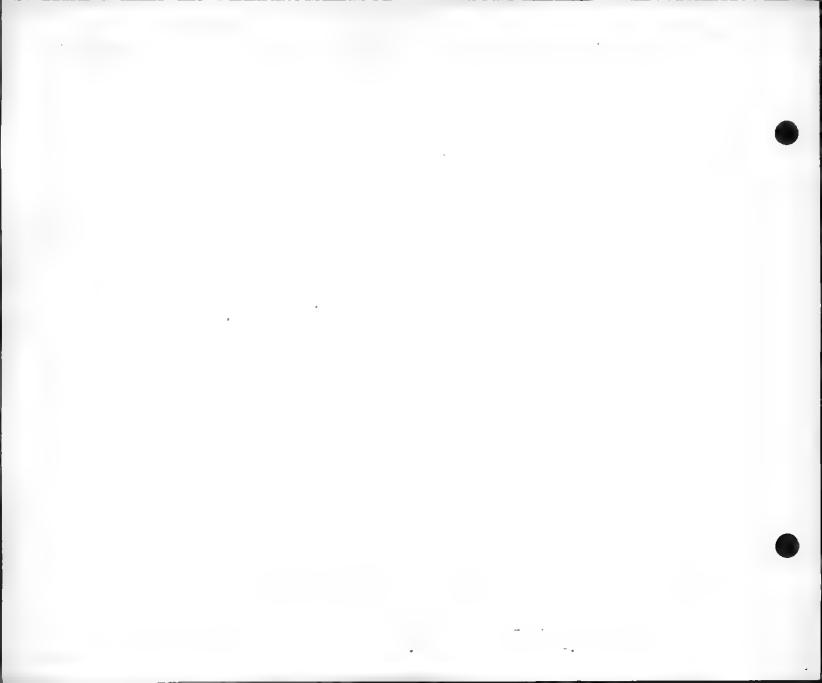
TO DEPUTY MEDICAL EXAMINER:

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

16597

	1. PLACE OF DEATH 0. COUNTY 0. A CO	MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) o STATE b (OUNTY)								
	b CITY OR TOWN (if outside corporate limits write RVRA and give nearest town)	C LENGTH OF STAY IN 16	c CITY OR TOWN (If outs de	corporate limits, write RLR.	Al and give nearest town)						
5	d NAME OF HOSPITAL OR INSTITUTION (finet in hospito g 313 Talbot Ave - Laurel, Mo		of free of	und the	e S RESIDENCE ON A FARM? YES NO						
	3 NAME OF DECEASED (Type or pont)  The "True"	M ddle	/ ///	DATE Month OF DEATH / 2							
		NEVER MARR ED DIVORCED	B DATE OF BIRTH	9 AGE ( n years lost buthday)	IF UNDER 1 YEAR OF UNDER 24 HRS Months Doys Hours Min.						
	10o USUAL OCCUPATION (Give kind of work done 10b Kit	ND OF BUSINESS OR	11 BIRTHPLACE (Stote or fo		12 CITIZEN OF WHAT COUNTRY?						
	13 FATHER'S NAME		14 MOTHER'S MAIDEN NAME								
	William Watts		Anna Vi								
	(Yes no or unknown) (Iff yes give wor or dotes of service)	6-10-9053	Mrs. Thomas Wa 8 Fairfield Dr	Addres	55						
	1B CAUSE OF DEATH (Enter only one couse per bite for PART I DEATH WAS CAUSED BY	(o) (b), and (c) )	( banne		ONSET AND DEATH						
	4/3 4/4/ IMMEDIATE CAUSE (6)	Lacore	Car. Live		1 original						
	Conditions, if ony, which gove ) (b)										
1	rise to immediate couse (a), stating the underlying couse										
	PART II, OTHER S GNIFICANT COND I ONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL D SEASE CONDITION	N GIVEN IN PART 1(o)	19 WAS AUTOPSY						
	ATION			. ,	PERFORMED?						
	PRIMARY Or CONTRIBUTING C	SCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Port I	or Port 1 of Item 1B)							
	Hour om While		ICE OF NJURY (Mome form, tory street, office bldg , etc.)	20f (City or town)	(County) (Stote)						
	21 I certify that I took charge of the rem	ions described abave, he	eld an Autapsy 🔲, 🛮 In	spect on 📑 , linqui	iry 📝 and in my op nion						
-	death resulted from Natural couses	], Accident [], Suic	ride 🔲, Homicide 🔲	, Undetermined ma	nner 🗌						
	ACTUAL		CHIEF MEDICAL EXAM		22. DATE SIGNED						
1	SIGNATURE EXAMINER'S	//	DEPUTY MEDICAL EXA								
-	NAME (Type) E-FINDH	e 47.	Address (Street, city,		12-10-66.						
	230 BURIAL, CREMATION, REMOVAL (Specify)  Burial  12-13-66	23c NAME OF CEMETERY OR		3d LOCATION (City or Tow	, , , , ,						
+		Loudon Park	250 RECD BY	Baltimore,	Md • S STRAR'S SIGNATURE						
	Witzke F.D4101 Edmondso	n Ave.	DATEDEC		Charles Judge.						

VR A15ME (5)



## FOR STATE HEALTH DEPT.

DI ACE DE DEATH

1

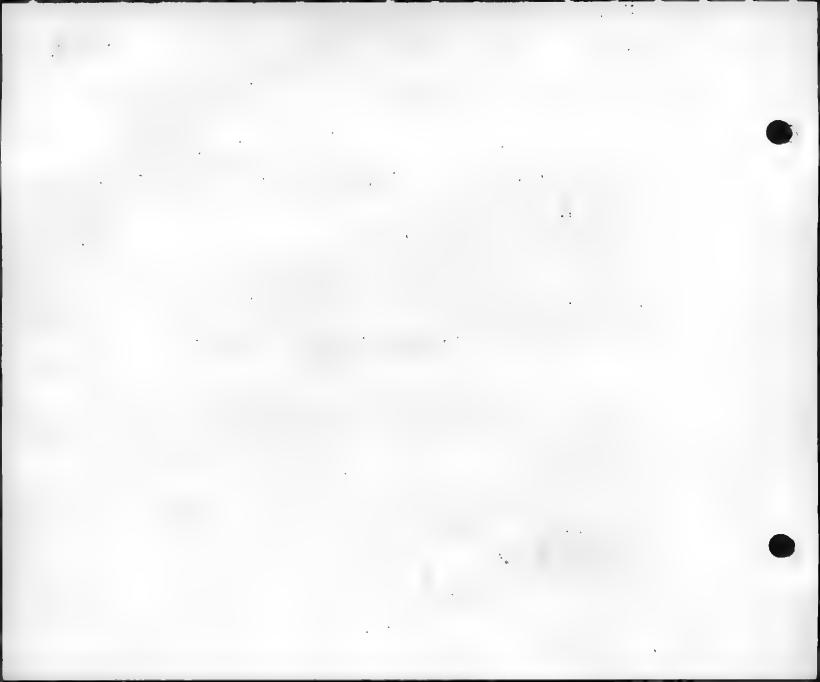
O DEPUTY MEDI. EXAMINER: This certificate should be executed within 24 hours after death. If any delay classary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your Mes. permit, file pages 1 and 2 with the State Department remove Land in any event within 72 hours after death? TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit of Health or its designated agent, prior to burial, cremation, or TO DEPUTY MEDIS

> VR ALSME (5) 5M 1/65

## MARYLAND STATE DEPARTMENT OF HEALTH 16596 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 16596 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11 2 HEHR DECIDENCE / Where decayed land if including Decidence before admission)

a. COUNTY	a. STATE 10. b. COUNTY
H, H, MARYLAND	11D. 17.H-
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
EDGEWATER_	EDAEWATER -/
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	a. IS RESIDENCE
DINE WILLIAM BEDCH	PINE WHIFF BEACH YES NOW
3. NAME DF First Middle	Last 4 DATE Month Day Year
DECEASED MI 107 1.1	De De de
(Type or print)  5. SEX   6. COLOR OR RACE   7 HARDISO TO MICHEN MARCHES TO A PRINTED MARCHES	8. DATE OF BIRTH 19. AGE (ID YEAR) I FUNDER 1 YEAR (IF UNDER 1 YEAR) I FUNDER 1 YEAR (IF UNDER 24 HRS.
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. OATE OF BIRTH 9. AGE (In years   IFUNOER 1 YEAR   IFUNDER 24 HRS.   Months   Oays   Hours   Min.
WIOOWED OIVORCEO	10-4-1846 10 Mrs.
10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR during most of working-life, even if retired) INOUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
D. of C. GOVT. BUILDING + GROUPDS	(TERMAUV 1/15
13. FAMER'S NAME	14. MOTHER'S MAIDEN NAME
Maptin Wellponer	MARY MINK
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17.	INFORMANT 12450000SSFEDERAL DR.
(Yes, po, or unknown) (If yes give war or dates of service)	HIAM J. HOLLAND MONTGOMERY Ala.
412) WALL 018.04.787 IM	INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY:	O O ONSET AND CEATH
IMMEDIATE CAUSE (e) Crimenteres	
DUE TO	( ) Junden
Conditions, If any, which (b)	
gava rise to immediate ( cause (e), stating the ) DUE TO	
underlying cause lest. (c)	
B PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMEO?
TAN THE TANK	YES NO R
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL  20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nuture of injury in Part I or Part II of Item 18.)
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
	ACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PL fact Hour e.m. While Not While at work at work	ory, street, office bidg., etc.)
21. I certify that I took charge of the remains described above, he	eld an Autopsy . Inspection , Inquiry , and in my opinion
death resulted from: Natural causes , Accident , Su	ricide . Homicide , Undetermined manner .
	CHIEF MEDICAL EXAMINER
SIGNATURE Kurleaff	M.O. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
EXAMINER'S F	OEPUTY MEDICAL EXAMINER
NAME (Type) - LIW MARCH -	Address (Street, city, town, or county) /2-/3-(C
	Y OR CREMATORY 230 LOCATION (City, town or county) (State)
BURIAL BEENEY) 12-16-66 CEDAR R	hutt HUNADOLIS MD-
24. FUNERAL DIRECTOR ADDRESS	1250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE
John M. Jay for the Stres (luncosolis M	d. DEG 19 1966 Scharles Judge
There is a construction of	- ONIL



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. 16597 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decrosed lived, if institution, Residence before admission) o STATE b. COUNTY o. COUNTY U.JBEL. MARYLAND Maryland Anne Arundel b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate amits, write RURAL and give nearest town) write RURAL and give nearest town) 7/6~ Durend. Glen Burnie (Ferndale) e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS YES NO . 125 Olan Or NAME OF Middle 4 DATE Month Year First DECEASED WELL EC: BER 3 19 66 (Type or print) DEATH LIF UNDER 24 HRS AGE (In years IF UNDER YEAR S SEX B. DATE OF BIRTH 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** Jost birthdoy) 9-26-10 WHITE MALE WIDOWED DIVOR CED 100 USUAL OCCUPATION (Give kind of work done 11, BIRTHPLACE (County & Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, eyen if retired)
M. I. Writer Westinghouse COUNTRY? Mass. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sheehan Albert J. Wells Marv 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) (Wife) 016-10-6466 Mrs. Bertha M. Wells Same as #2 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY. G.I. TRACT IMMEDIATE CAUSE (0) HEMORRHAGE FROM DUE TO 2 DAYS Conditions, if any, which gave PERTENSION rise to immediate couse (a), stoting the underlying couse CIRRHOSIS 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 1B.) 20o ACCIDENT WAS UNDERLYING OR CONTRIBUTING CO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED factory, street, office bldg., etc.) Hour o.m. Not While of work 19 66 to 19 66, that (I) (we) last 21 I certify that (I) (this haspital) attended the deceased framsaw the deceased alive on 1.2 19 66, and that death accurred at 6:35M, fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS 12-3-66 DIRECTOR 22d ADDRESS 201 BALTIMORE-ANNAPOLIS 22c. PHYSICIAN'S GLEN BURNIE NAME (Type) LENTINO 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF REMOVAL (Specify) 966 St. Michael's Cemetery Springfeild, Mass.

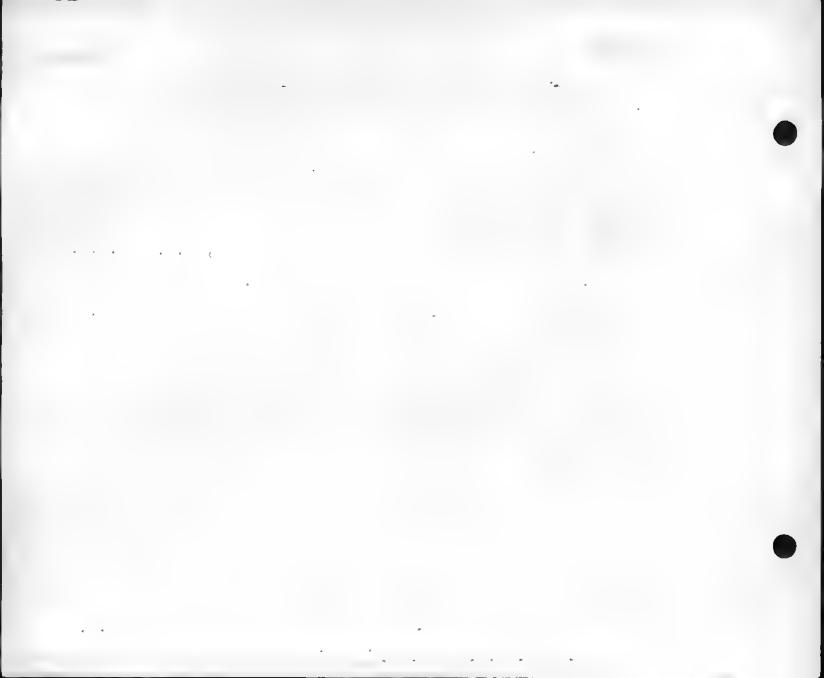
VR A15 (4) 20 M 1/66 Aurial

24 FUNERAL DIRECTOR Richard V. Singleton Glen Burnie, Md. 250. REC'D BY REGISTRAR Milanles

2Sb REGISTRAR'S SIGNATURE

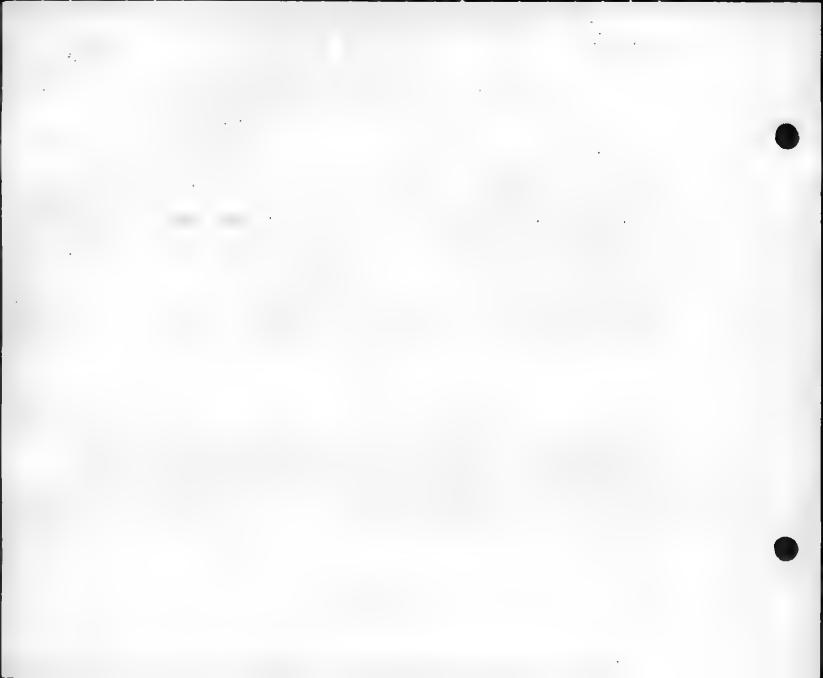


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16598 CERTIFICATE OF DEATH funeral 1 and 2 ter deoth: certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH a. CQUNTY P COMMIA Anne Rundell Anne/Rundell ve carbon popers. Pages I event, within 72 hours after MARYLAND Marvland b CITY OR TOWN (If outside corporate mits, write RURAL and give nearest town) c CITY OR TOWN (If autside corporate mits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b Edrewater 8 IS RESIDENCE ON A FARM? d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ≘. completely filled Riverside Road Riverside Road YES NO 🔀 NAME OF 4. DATE remove carbon Month Day Year First Ralph Alfred DECEASED 0F 12 - 28-19 66 (Type of print) DEATH S SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE B. DATE OF BIRTH 7. MARRIED X **NEVER MARRIED** lost birthday) Months Doys Hours ond in any White WIDOWED DIVORCED Male YIS. 12 CITIZEN OF WHAT 100 US JAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY Auctioneer & Appraiser Washington,
14 MOTHER'S MAIDEN NAME g 13. FATHER S NAME signed by the ottending physi burial-transit permit. Then pl burial, cremation, or removal, Adam A. Weschler Ellin E. McCormick ottending IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address 16 SOCIAL SECURITY NO. (Yes, no, or unknown). (If yes give wor or dotes of service) See 578-03-4649 Lucile Item No. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) Poge 4 moy be retained by the hospitol or attending physician. DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stating the underlying couse lifer this certificate hos been be detached for use as the State Dept. of Health prior to lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING . 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year (County) O FUNERAL DIRECTOR: After this factory, street, office bldg., etc.) Hour o.m. While **Not While** of work ot work 21. I certify that (1) (this haspital) attended the deceased from 12 190 6 director, page 3 should should be filed with the 1966, and that death accurred at \$4 M, from couses and on the date stated above. saw the deceased alive an\_\_\_ 22o. SIGNATURE 22b. DATE SIGNED STAFE PHYS. ATTENDING M.D. DIRECTOR PHYS 22d ADDRESS 22c PHYSICIANIS CHUNCH-NAME (Type) GEN MAI 23o. BURIAL, CREMATION. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Olivet Cemetery Vashington Burt of 250 REC'D BY REGISTRAR 75b. REGISTRAR'S SIGNATURE Joseph Jawler's VR A15 (4) 20 M 1/66 Wisc. Tve



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16599 death requires that the death certificate be executed within 24 hours after death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) and campletely filled in by the funeral remaye carban papers. Pages 1 and o. COUNTY o. STATE b. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND b. CITY OR TOWN (If outside carparate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits write RURAL and give nearest tawn) write RURAL and give nearest town)
Annapol is Annapolis papers. hin 72 hc IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d. STREET ADDRESS Hicks Avenue Anne Arundel General Hospital YES NO [ 3 NAME OF Middle 4 DATE Year and in any event, wit t ast DECEASED WEST Dolly Ann December 10 19 66 (Type or print) AGE (In years IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE B. DATE OF BIRTH 1F UNDER 1 YEAR 7 MARRIED NEVER MARRIED last birthdoy) Manths Days Hours WIDOWED DIVORCED November 17,1894 Female Negro 11 BIRTHPLACE (County & State, ar fareign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR physician a pen please aver and in during most of warking life, even if retired) **COUNTRY?** INDUSTRY Virginia II.S Jomes + 10 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or renigate d mor rols WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) burial, crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN the TO FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 shauld be detached for use as the burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise ta immediate cause (o). DUE TO stating the underlying cause be detached far use as the State Dept. af Health priar tal last. 19 WAS AUTOPSY PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? 20g ACCIDENT WAS UNDERLYING [ 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dd INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c TIME OF INJURY Manth, Day, Year Haur o.m. factory, street, office bldg., etc.) Not While at wark 21. I certify that (I) (this hospital) attended the deceased/from directar, page 3 shauld shauld be filed with the saw the deceased alive on December 10,1966, and that death occurred of My from couses and on the date stated above. 22b. DATE SIGNED 22a SIGNATURE **ATTENDING** STAFF M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) DATE THEREO NAME OF CEMETERY OR CREMATORY 23d-LOCATION (City or Town) 23g. BURIAL CREMATION (County) (State) REMOYAL (Specify) SU(1) 4 **ADDRESS** 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



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DEPUTY MESKAL EXAMINER: This certificate should be executed within 24 haurs after death. If any deay is	essory, please execute the certificate, writing the ward "pending" in pencil in Item 18 Give Pages 1, 2, and 3 ta	funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm. PM3 Page	nay be retained far yaur files.	UNERAL DIRECTOR: Page 3 shauld be used as a burial-trans t permit. Fle formary and 2 with the State Department of	With as its decimated many price to begin recomption or command and is and worth within 79 house after flatter

2 USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) **b** COUNTY Maryland Anne Arundel c CTY OR TOWN (If autside corporate .m.ts write RURAL and a ve nearest tawn) Glen Burnie e IS RESIDENCE ON A FARM? 7345 Furnace Branch Road YES NO 4 DATE Month Doy OF December 66 10 DEATH IF LINDER 24 HRS AGE (In years F UNDER 1 YEAR ost birthdoy) Months Hours BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? EMENTINE GANTT EMENTINE WHITE Cler BURNESA ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMAEDIATE (AUSE (o) Interstitial Pneumonitis DUE TO Canditions, if any, which gave rise to immediate couse (a) DUE TO stating the underlying cause lost. WAS AUTOPSY PERFORMED? PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(o) №0 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of inury in Port 1 or Port 11 of item 18) PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c, TiME OF NaJRY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form (City or fawn) (County) (Stote) Haur o.m. Not While foctory, street, office bldg, etc.) of work at work 21. I certify that From charge of the remains described above, he d an Autopsy & Inspection Inquiry ond in my opinion deoth resulted from: Noturo, couses 🕵 , Accident / Surade 1 Undetermined monner Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 12/1/66 **EXAMINER'S** Rudiger Breitenecker, M.D. NAME (Type) Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATOR 23o, BUR AL CREMATION 23d LOCATION (City of Town) 206. REG STRAR S SIGNATURE RECD BY REGISTRAR 24 FUNERAL DIRECTOR

VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 6601 **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death and the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY a. STATE Anne Arundel Maryland Anne Arundel MARYLAND in any event, within 72 hours after by the Pages b. CITY OR TOWN (If autside carparate limits, write RURAL and give sporest tawn)

Annapolis t. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate Emits, write RURAL and give nearest town) Crownsville 1 month d NAME OF HOSP FAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d STREET ADDRESS Bix - 140. Generals Highway Anne Arundel General Hospital NO Z NAME OF Middle 4 DATE remove carbon First Last Year DECEASED Gilbert WILLIAMS 28 66 Ernest December 19 (Type or print) DEATH S. SEX 6 COLOR OR RACE B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7 MARRIED KX **NEVER MARRIED** birthday) Months Male White Aug. 24, 1900 WIDOWED DIVORCED 12 CITIZEN OF WHAT 10a, SUAL OCCUPATION (Give kind of work done TOD KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) durally most of working life (even if retired) Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phys burial, cremation, or removal WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT permit. (Yes, no, grunknawn) ((If yes give war or dates af service IB. CAUSE OF DEATH (Enter only one couse per uno for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY burnal-transit DNSET AND DEATH IMMEDIATE CAUSE (a) signed by **O HOSPITAL OR ATTENDING PHYSICIAN.** The taw requires the Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a), **DUE TO** stating the underlying cause hos been pe detached for use as the State Dept. of Health prior to WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN BART 1(a) certificate 20g ACCIDENT WAS UNDERLYING [ 26%, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING ( CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour a.m. Nat While TO FUNERAL DIRECTOR: After at work 21. I certify that (1) (1) (1) (1) attended the deceased fram. 5, ta Dec. 28, 1966, that (I) (wie) last director, page 3 shauld should be filed with the 19 66, and that death accurred at Dec. 28 \_M, fram causes and an the date stated above, saw the deceased alive an\_ 22b. DATE SIGNED 220 SIGNATURE ATTENDING PHYS. STAFF PHYS. M.D. DIRECTOR 22d. ADDRESS NAME (Type) 121 Cathedral St., Annapolis, NAME OF CEMETERY OR CREMATORY (State 2Sa. REC'D BY REGISTRAR 25b REGISTRAR'S "SIGNATURE 96



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16602 CERTIFICATE OF DEATH ond completely filled in by the funeral s remove corbon popers. Pages I gad in any event, within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY b COUNTY MARYLAND requires that the death certificate be executed within 24 hours after b CITY OR TOWN (if outside corporate I mits, c LENGTH OF STAY IN 15 c CITY OR TOWN (If autside comparate limits, write RURAL and give nearest town) write RURAL and after nearest town d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? NO V 3. NAME OF Middle 4. DATE Fret Last Month Day Year DECEASED (Type or print) OF DEATH WRENCE 3 19 66 S SEX 6. COLOR OR RACE IF UNDER 1 YEAR AGE (In years 7 MARRIED **NEVER MARRIED** rast birthday) Months Days WIDOWED DIVORCED physician and control 10a, USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12. CIT ZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working ite; even if retired) FATHER'S NAME the attending parties the WAS DECEASED EVER IN U.S. ARMED FORCES?
s, 60 or nknown) (If yes give war ardates of service 16. SOCIAL SECURITY NO. INFORMANT burial, cremotion CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the buriol-tronsit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove (b) rise to immediate cause (a), DUE TO as the prior to b stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? CERTIFICATION be detoched for use State Dept. of Health NO. YES by the haspital or 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm (City or town) (County) (State) Hour a.m. While Not While foctory, street, office bldg., etc.) at work at work 2 1962 to z . 19.66, that (I) (we) last 21. I certify that (1) (this hespital) attended the deceased fram-2 director, page 3 should shauld be filed with the be retained 1966, and that death accurred at \$1254M, from causes and an the date stated above. saw the deseased alive on 220 SIGNATURE 22b. DATE SIGNED ATTENDING PHYS M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Page 4 moy NAME (Type) 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City of BURIAL CREMATION Town' (County) (Store) REMOVAL (Specify) 250 REC'D BY REGISTRAR DEC 7 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

ANNE ARINDET, COUNTY

12. USUAL RESIDENCE (Where deceased lived, if institution: Residence belt

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funerol ond er deot	1.	PLACE OF DEATH o. COUNTY	ANNE A	RUNDEL	COUNTY		2. USUAL RESIDENCE o. STATE	(Where deceased I	ved, if institution b. COUN		ore admission)
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iin 24 hours after deoth filled in by the funerol papers. Pages 1 ond thin 72 hours after deoth			give nearest town		Since 19	39	Ba07	to.		3	0.4
ho ho		d. NAME OF HOSPIT	AL OR INSTITUTION	(If not in hosp	pital, give street address)		d. STREET ADDRESS				e. IS RESIDENCE
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ompleti ve corl event,	5.	SEX SEX	6. COLOR OR RAC	E 7, MAR	RIED NEVER MARR	IEO B.	DATE OF BIRTH /-	3 - 9. A	E (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
that the deoth certificote be executed within 24 an.  by the ottending physician and completely filled is ronsit permit. Then please remove corban paper cremotion, or removol, and in any event, within 72 cremotion, or removol, and in any event, within 72 cremotion.		111	N	WIDO		ا تعا	9003	lo	st birthday) Yrs.	Manths Days	
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Sico /sico /	13	. FATHER'S NAME					14. MOTHER'S MAIDEN				
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ing ing	13	. WAS DECEASED EVE	R IN U.S. ARMED FOR	RCES?	16. SOCIAL SECURITY NO.	. 17. IN	FORMANT		Addre	SS	
that the death certifi an. by the ottending phy fronsit permit. Then cremotion, or removo	(	es, no, or unknown)	(If yes give war or d	lates at service)		al	ady W	claire	20221	n. holes	2 1
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